

FILED JUN 22 1942

Registration District No. 184

Primary Registration District No. 117

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Webster Groves  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
325 So. Maple Ave. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Webster Groves  
(If outside city or town limits, write "RURAL")

(d) Street No. 325 S. Maple Ave.  
(If rural, give location)

(e) Citizen of foreign country?.....  
(Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Willhelmina Reinhardt

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10  
year 1942 hour 6 minute 20 A.M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Daniel Reinhardt

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased: July 26 1865  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 10, 1942, to June 10, 1942, that I last saw her alive on June 8, 1942, and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>10</u>	<u>14</u>	hr. min.

Immediate cause of death.....  
myocardial infarction

9. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

Due to Diabetic Insulin

Due to Hepatic-acute

10. Usual occupation Housewife

Other conditions.....  
(Include pregnancy within 3 months of death)

11. Industry or business.....

Major findings:  
Of operations.....  
Of autopsy.....  
61

MOTHER FATHER {

12. Name Unknown

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

16. (a) Informant Carl Reinhardt

(b) Address 5715 Terry Ave.

While at work?.....  
(Specify type of place) (e) Means of injury

17. (a) Burial (b) Date thereof 6-12-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Des Pere Cem.

23. Signature Carlton Kelly (M. D. or other).....  
Address..... Date signed 6-11-42

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) JUN 11 1942 (b) C. G. McFarland  
(Date received local registrar) (Registrar's signature)

707

12-284-5  
Calhoun Ridge

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Albert R. Thompson Jr.*

Licensed Embalmer No. *4237*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**