S. No. 2
M—5-42
v. 5-17-39
I X32873

96
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 6 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31405

State File No.

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 1945

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6221 Lenox Ave
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Mary Reinwald

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex FEMALE
5. Color or race White 1
6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Wm Reinwald
6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Sept (Month) 29 (Day) 1872 (Year)

8. AGE: Years 69 Months 11 Days 26 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Levi Falknor
13. Birthplace DONT KNOW (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Nancy Pittman
15. Birthplace (City, town, or county) TENN (State or foreign country) 1

16. (a) Informant Wm Reinwald
(b) Address 6221 Lenox Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept (Month) 26 (Day) 1942 (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave

19. (a) SEP 25 1942 (Date received local registrar) (b) E. G. McGarran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24 year 1942 hour 4 minute 55 p.m.

21. I hereby certify that I attended the deceased from 8-14-42, 19 to 9-24-42, 19; that I last saw her alive on 9-24-42, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage ~~a [illegible]~~	3 days
Due to Arterio-sclerotic heart disease	
Due to	
Other conditions Large bowel abst. - diabetes (Include pregnancy within 3 months of death)	unknown

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

23. Signature George Logerman (M. D. or other)
Address St. Louis Co. Hosp Date signed

(Licensed Embalmer's Statement on Reverse Side)

NOV 24 1954

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.....

Licensed Embalmer No.....

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.