S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4686

State File No.

FILED MAR 2 1943

Registration District No. 0

Primary Registration District No. 1003

Registrar's No. 1778

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4007 N. Euclid Ave. 1
(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:

(a) State Mo. (b) County 12 7

(c) City or town St. Louis Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 4007 N. Euclid Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Albert Fred Reinhardt

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

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

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

7. Birth date of deceased Dec. (Month) 5th (Day) 1864 (Year)

8. AGE: Years 78 Months 2 Days 16 If less than one day hr. min.

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

10. Usual occupation Machinist

11. Industry or business

FATHER
12. Name Gottlieb Reinhardt
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Unknown
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs J. S. Beals
(b) Address 4007 N. Euclid Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-43 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cem.

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 N. Euclid Ave.

19. (a) FEB 23 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21st
year 1943 hour 3 minute A M.

21. I hereby certify that I attended the deceased from Sept 1, 1942 to July 21, 1943;
that I last saw him alive on July 18, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac dilation	1 day
Due to Hemiplegia from Cerebral Hemorrhage	1 year
Due to arteriosclerosis and art hypertension	2 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no operation
Of autopsy no 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 [illegible] (M. D. or other)
Address 3500 N Grand Date signed 2/28/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wm. I. Hirschi
1-2- or 6-7-
3500 N. Grand Bld.
No 1358

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.