S. No. 2
M—5-42
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8712

FILED MAR 30 1943

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 2699

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

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mo 15 dys (Specify whether years, months or days)
In this community life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 0 00 13
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 9 13
(d) Street No. ~~5800 Arsenal~~ 5831 Southwest (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: REINAGEL, Marie Frances.
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 14 (Day) 1905 (Year)
8. AGE: Years 37 Months 10 Days 6 If less than one day hr. 0 min.
9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: nil
11. Industry or business:
FATHER 12. Name: George Reinagel
13. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)
MOTHER 14. Maiden name: Frances Brockelman
15. Birthplace: Illinois (City, town, or county) 1 (State or foreign country)
16. (a) Informant: D.E. Basso
(b) Address: 5800 Arsenal Street, St. L., Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-22-43 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Peter & Paul
18. (a) Signature of funeral director: Kriegshauser Mortuaries
(b) Address: 4228 So. Kingshighway Blvd.
19. (a) MAR 22 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1943 hour 8 minute 45 P. M.
21. I hereby certify that I attended the deceased from Dec 1942, to Mar 20 1943, that I last saw her alive on Mar 20 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lupus, lobe Pneumonia	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Menstruation	

Major findings:
Of operations:
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: David Golding (M. D. or other)
Address: St. Louis Isolation Hosp Date signed 3/21/43

(Licensed Embalmer's Statement on Reverse Side)

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 Edwin D. Mc Dermott

Licensed Embalmer No. 3024

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.