

S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16509

State File No.

Registrar's No. **4341**

DEAD MAY 18 1943
Registration District No.

Primary Registration District No. **1003**

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

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:
Be Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **6 Weeks**
(Specify whether years, months or days)

In this community..... **14 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....

(c) City or town..... **University City**
(If outside city or town limits, write "RURAL")

(d) Street No. **1140 Ferguson Ave**
(If rural, give location)

(e) Citizen of foreign country? **Yes** (Yes or No)
If yes, name country..... **Italy**

3. (a) PRINT FULL NAME..... **August Reineri**

3. (b) If veteran, name war..... No.....

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **9th**
year **1943** hour **11 P.M.** minute..... M.

21. I hereby certify that I attended the deceased from **April 23** 19**43** to **May 9th** 19**43**.
that I last saw him alive on **May 9th** and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife..... **Rosa** 6. (c) Age of husband or wife if alive..... **56** years

7. Birth date of deceased..... **Oct 7 1885**
(Month) (Day) (Year)

Immediate cause of death..... **Cirrhosis of Liver**

Duration.....

Due to.....

Due to.....

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

8. AGE: Years Months Days If less than one day

57 **7** **2** hr. min.

9. Birthplace..... **Italy**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Cement Contractor**

PHYSICIAN

Major findings: **as above**

Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name..... **John Reineri**

13. Birthplace..... **Italy**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Maria Becoviva**

15. Birthplace..... **Italy**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Rosa Reineri**
(b) Address..... **1140 Ferguson Ave**

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... **May 12-1943**
(Month) (Day) (Year)

(c) Place: burial or cremation..... **Calvary Cemetery**

18. (a) Signature of funeral director..... **P. Miceli**
(b) Address..... **1150 N. Kingshighway Blvd.**

19. (a) **MAY 10 1943** (Date of registration) (b) **J. J. Medeck** (Registrar's signature)

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?.....

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature..... **F. D. Lisibbs** (M. D. or other)
Address..... **5298 page** Date signed..... **5/10/43**

Handwritten notes:
11/11/11
11/11/11
11/11/11
11/11/11

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 Arnold W. Schoene
Licensed Embalmer No. 3864
P. O. Address St. Louis, Mo

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.