

22483

No. 2  
1-5-42  
6-17-39  
X3287

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 19 1943

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 1377

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

6066

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:  
148 N. Meramec  
(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 St. Louis  
(c) City or town Clayton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 148 N. Meramec  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME August J. Reinke

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

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

6. (b) Name of husband or wife Florence Reinke 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Aug 5 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 10 6 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Police Officer

11. Industry or business \_\_\_\_\_

12. Name August Reinke

13. Birthplace St. Louis Co. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Dora Niebruegge

15. Birthplace St. Louis Co. Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florence Reinke

(b) Address 148 N. Meramec Clayton, Mo.

17. (a) Burial (b) Date thereof 6-14-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Louis H. Bopp Inc.

(b) Address Kirkwood, Mo.

19. (a) 6-14-43 (b) C. J. McDaniel, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11  
year 1943 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 1, 1943 to June 11, 1943  
that I last saw him alive on June 6-10, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of

Due to Chronic Myocarditis 7 yrs

Due to Hypertension 7 yrs

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy no 93h

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?

White at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature A. J. Meador (M. D. or other) \_\_\_\_\_  
Address 50 Central Ave Date signed 6/17/43  
Clayton Mo

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

---

---

**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.**