

FILED NOV 13 1943

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 2512

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 3 Mo. 28 days
 (Specify whether
 In this community _____
 years, months or days) _____

2. USUAL RESIDENCE, OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Valley Park
 (If outside city or town limits, write "RURAL")
 (d) Street No. Sulphur Spring Rd. Near Oak Rd.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Agnes Reinhardt

3. (b) If veteran, name war -- 3. (c) Social Security No. --

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

6. (b) Name of husband or wife unk. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 6-30-1887
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 4 9 _____ hr. _____ min.

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

10. Usual occupation Unknown

11. Industry or business _____

MOTHER FATHER
 { 12. Name Frank Montana
 { 13. Birthplace St. Louis, Mo.
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Pauline
 { 15. Birthplace St. Louis, Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant John Reinhardt

(b) Address 5805 Moffitt

17. (a) Burial (b) Date thereof 11 13 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centerville, Ill

18. (a) Signature of funeral director Thos Kutis & Sons

(b) Address 8906 Gravois

19. (a) NOV 11 1943 (b) E. G. Mc Gowan, M.D.
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11-9-43 day _____ year _____ hour 10:05 minute P. M.

21. I hereby certify that I attended the deceased from 7-12-43 19____ to 11-9-43 19____; that I last saw her alive on 11-9-43 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of cervix with metastases.

Due to _____
 Due to _____

Other conditions Scoliosis - lumbar - postural
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy 486

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 John Niedermeyer (M. D. or other) M.D.
 Address St. Louis County Hosp. Clayton Date signed 11-10-43

Duration Lyst

20 yr +

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

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

DEC 17 1943

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..... *David Van Lorraine*

Licensed Embalmer No..... *4242*

P. O. Address..... *2906 Hawaii*

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.