

FILED FEB 4 1944 318

Registration District No.

Primary Registration District No.

1003

Registrar's No. 893

## 1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Lutheran Hospital  
 (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)

3. (a) PRINT FULL NAME EMMA C. REINHARDT3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife George P. Reinhardt 6. (c) Age of husband or wife if alive 56 years  
 7. Birth date of deceased June 5<sup>th</sup> 1888  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
55 7 22 hr. min.9. Birthplace Belleuille Illinois  
 (City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

12. Name Frank N. Beckius13. Birthplace St. Louis Mo.  
 (City, town, or county) (State or foreign country)14. Maiden name Mary A. Auck15. Birthplace Belleuille Illinois  
 (City, town, or county) (State or foreign country)16. (a) Informant George P. Reinhardt(b) Address 5020 Smilentz Ave17. (a) Burial (b) Date thereof 1-31-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Peter & Paul18. (a) Signature of funeral director Joseph St. Martin's(b) Address 4238 So. Kings Highway19. (a) JAN 28 1944 (Date received local registrar) J. F. Brudick (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5020 Smilentz Ave.  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27<sup>th</sup>  
 year 1944 hour 5:25 minute P. M.21. I hereby certify that I attended the deceased from  
12/6/44, 19... to 12/27/44, 19...  
 that I last saw her alive on 1/27/44, 19...  
 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinomatosis Duration 6 mos  
 Due to Primary Ca of Gall Badder-Ducts 1 yr

Other conditions (include pregnancy within 3 months of death)

JaundiceMajor findings: Of operations H&POf autopsy As Above

## 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?

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

23. Signature Walter H. Hofer MD M.D. or otherAddress 2602 S. Grand Date signed 1/28/44

*Mr. Keffer  
2602 St. Grand  
12-3-68*

**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 *Richard W. Stover*

Licensed Embalmer No. *4007*

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.**