

FILED FEB 18 1944

5627

State File No. _____

Registration District No. 1210

Primary Registration District No. 1003

Registrar's No. 1369

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:
4307 Minnesota Ave.,
 (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 Edward G. Reininger,

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

4. Sex Male, 5. Color or race White, 6. (a) Single, widowed, married, divorced Married,
 6. (b) Name of husband or wife Mathilda, 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased March 22 1873,
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 10 17 hr. min.

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

10. Usual occupation Retired,

11. Industry or business _____

MOTHER FATHER { 12. Name Ignatius Reininger
 13. Birthplace Germany, 4
 (City, town, or county) (State or foreign country)
 14. Maiden name Angela Wächter,
 15. Birthplace Don't Know, 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Mathilda Reininger,
 (b) Address 4307 Minnesota Ave.,

17. (a) Burial, (b) Date thereof 2/12/44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director: Belknap - Berg Mortuary
 (b) Address 2842 Meramec St.

19. (a) FEB 11 1944 (b) J. F. Beedeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County 18
 (c) City or town St. Louis, 315
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4307 Minnesota Ave.,
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9
 year 1944 hour 5: minute 30 P. A. M.

21. I hereby certify that I attended the deceased from NOV-16- 1943 to FEB-5- 1944
 that I last saw him alive on Feb 9- 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Coccyxema - Right Jaw AND Neck 29 yrs.
Primary in jaw

Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

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) no
 (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 no

23. Signature Roman J. Thomas (M. D. or other) no
 Address 4520 Virginia Ave. Date signed 2/11/44

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

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 ME

....., Registered Apprentice No.
working under my personal supervision.

Signed Joe S. Benz

Licensed Embalmer No. 4249

2842 Meramec St.,

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.