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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8370

State File No. 0

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 350

1. PLACE OF DEATH:

(a) County Saint Louis

(b) City or town Rural Lemay (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Villa Gesu Convent (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community Ten Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town LEMAY (If outside city or town limits, write "RURAL")

(d) Street No. Rural---Riverview, Drive, Mo. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Sister Mary Lidwigis Reinert

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. (Month) 24 (Day) 1858 (Year)

8. AGE: Years 85 Months 11 Days 14 If less than one day hr. min.

9. Birthplace Sherrel's Mount Iowa (City, town, or county) 1 (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Nicholas Reinert
13. Birthplace Prussia (City, town, or county) 6 (State or foreign country)

MOTHER
14. Maiden name Anna Marie Gugeisen
15. Birthplace Baden - Europe (City, town, or county) 4 (State or foreign country)

16. (a) Informant Sister M. Philomene

(b) Address R. R. 3 - Box 503

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb 11, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Villa Gesu

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 South Broadway, St. Louis, Mo.

19. (a) FEB 11 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8th year 1944. hour 12:45 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1942 to Feb 8 1944 that I last saw her alive on Feb 8 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma, general

Due to —

Due to —

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

Major findings:
Of operations
Of autopsy 55

Duration: don't know

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John C. Cornell (M. D. or other) MD

Address 5005 A GRAVOIS Date signed 2/10/44

(Licensed Embalmer's Statement on Reverse Side)

5005 1 - Granaid

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 Linus C. Hoffmeister, Registered Apprentice No. ..... working under my personal supervision.

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.