

FILED DEC 9 1944
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36324
 10292
 State File No. _____
 Registrar's No. _____

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: City Sanitarium
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1mo/ 16ds.
 (Specify whether _____)
 In this community 63 yrs.
 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County bag 17 9/4
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4620 Sulphur Ave
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME CHARLES A. REINHARDT
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 2, year 1944 hour 4.40 minute A. M.
 21. I hereby certify that I attended the deceased from Oct. 16, 1944 to Dec. 2, 1944
 that I last saw him alive on December 2, 1944
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced mar.
 6. (b) Name of husband or wife Mary Reinhardt 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased JAN 4 1881
 (Month) (Day) (Year)

Immediate cause of death
Cardio-vascular Lues
G.P.I.
 Duration 1944x
1944x

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>10</u>	<u>28</u>	hr. _____ min. _____

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy no

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

10. Usual occupation _____
 11. Industry or business Machinery Supply

MOTHER FATHER
 12. Name Charles Reinhardt
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Christine Species
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Thelma A. Singler
 (b) Address 5400 Arsenal St.
 17. (a) BURIAL (b) Date thereof 12 5 44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation NEW ST MARCUS

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

18. (a) Signature of funeral director KRIEGERSHAUSER
 (b) Address 4221 So. Kings Highway
 19. (a) DEC 3 1944 (b) J. P. Bueck
 (Date received local registrar) (Registrar's signature)

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 2
 23. Signature Phyllis Bueck (M. D. or other) _____
 Address _____ Date signed _____

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.....

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

Signed..... *Edwin D Mc Nemert*

Licensed Embalmer No..... *3024*

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.