

FILED JAN 5 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39735

Registrar's No. 11086

Registration District No. 318

Primary Registration District No. 1002

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:
3347a California Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mad
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3347a California Ave. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph E. Reineke

3. (b) If veteran, name war World War #1 (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 Myra 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Sept. 10 1894
(Month) (Day) (Year)

8. AGE: Years 50 Months 3 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Clerk

11. Industry or business Famous Barr

12. Name Henry Reineke
13. Birthplace St. Louis Mo. U
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Koelbel
15. Birthplace St. Louis Mo. U
(City, town, or county) (State or foreign country)

16. (a) Informant Myra Reineke

(b) Address 3374a California Ave.

17. (a) Burial (b) Date thereof Dec. 28, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nat'l Cemetery, Jefferson Barracks

18. (c) Signature of funeral director Wacker Alcherte
(b) Address 3634 Gravois

19. (a) DEC 27 1944 (b) J. F. Fredrick
(Date received from Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24
year 1944 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Oedema of Lung

Due to _____

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

Major findings: Of operations 93

Of autopsy _____

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) _____ (Specify means of injury) 3

23. Signature Alfred Perry (M. D. or other) _____
Address St. Louis Date signed 12/27/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Frank J. [Signature]

Licensed Embalmer No. *3645*

P. O. Address.....

[Signature]

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.