

FILED JAN 25 1945
318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 512

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: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks
(Specify whether _____)
In this community 5.5 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6814 Plateau Avenue
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Paul William Reinhard

3. (b) If veteran, name war no 3. (c) Social Security No. 490-22-4564

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Francis Reinhard 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased 7 15 1883
(Month) (Day) (Year)

8. AGE: Years 61 Months 6 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Liberty Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance Broker

11. Industry or business _____

12. Name Rev. August W. Reinhard

13. Birthplace Alton N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name Emma Hologrove

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

16. (a) Informant Frances Reinhard

(b) Address 6814 Plateau Ave

17. (a) Burial (b) Date thereof 1-19-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd.

19. (a) JAN 17 1945 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17
year 1945 hour 3 minute _____ A. M.

21. I hereby certify that I attended the deceased from Dec. 15, 1945
to Jan. 17, 1945
that I last saw him live on Jan. 17, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 1 day
Due to uremia 2 mo.

Due to nephrosclerosis

Other conditions (Include pregnancy within 3 months of death) 1/2

Major findings: Of operations _____

Of autopsy nephrosclerosis
Bronchopneumonia

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 F. R. Bradley (M. D. or other) _____
Address Barnes Hospital Date signed 1/17/45

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

MOTHER FATHER

Embalmers separate cert. filed

JAN 17 1945

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.....

Licensed Embalmer No.....

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.