

FILED JAN 16 1945

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 112

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:  
Lutheran Hosp.  
(If not in hospital or institution, write street number or location) 0  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Anne Reinhardt

3. (b) If veteran, name war NO. 3. (c) Social Security No. 720.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Herman Reinhardt 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept. 28 1879  
(Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace GERMANY (City, town, or county) (State or foreign country) U

10. Usual occupation Housewife

MOTHER FATHER { 12. Name Unknown/Koptik U  
13. Birthplace Germany (City, town, or county) (State or foreign country) U  
14. Maiden name Unknown  
15. Birthplace Germany (City, town, or county) (State or foreign country) U

16. (a) Informant Walter Shurling  
(b) Address 4439 Lindenwood Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-45  
(Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cem.

18. (a) Signature of funeral director Witt Bro. L & W.

(b) Address 2929 S. Jefferson Av.

19. (a) JAN 6 1945 (Date received local registrar) (b) J. F. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3930 Humphrey  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4 year 1945 hour 8 minute 10 A. M.

21. I hereby certify that I attended the deceased from Dec 31, 1944 to Jan 4, 1945 that I last saw her alive on Jan 4, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis

Due to Hypertension  
Arteriosclerosis

Due to \_\_\_\_\_  
Other conditions Diabetes Mellitus  
(Include pregnancy within 3 months of death)

Major findings: Of operations 6/  
Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature W. C. Hauer (M. D. or other) \_\_\_\_\_  
Address 3157 Park St \_\_\_\_\_

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

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**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.....

*Edgar F. Witt*

Licensed Embalmer No. 2117

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.**