

No. 2
1-2-43
5-17-39
1 X35697

STANDARD CERTIFICATE OF DEATH

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 261

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution 3106 North 8th
(d) Length of stay: In hospital or institution not 60 yrs
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 3106 North 8th
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME EMMA-W-REINERT
(b) If veteran name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May, day 1, year 1946 hour 8 minute A.M.

4. Sex F. 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
7. Birth date of deceased Dec 29 1873

21. I hereby certify that I attended the deceased from 2/23 1946 to Mar. 1 1946
that I last saw her alive on Feb. 28 1946
and that death occurred on the date and hour stated above.

8. AGE: 72 Years 2 Months 2 Days If less than one day hr. min.

Immediate cause of death
Pneumonia - bronch 5 days
Due to Influenza 8 days

9. Birthplace Germany
10. Usual occupation Housewife

Other conditions Myocardial infarct 8 days
Arterio-sclerosis (gen) M.D. PHYSICIAN

11. Industry or business
12. Name Henry M. Reuts
13. Birthplace Germany
14. Maiden name Ella Marie Jantzen
15. Birthplace Germany

Major findings: none
Of operations: none
Of autopsy: none 2 30

16. (a) Informant Emma W Reinert
(b) Address St. Joseph Mo
17. (a) Burial, cremation, or removal B (b) Date thereof May 4 1946
(c) Place: burial or cremation Maus. Park

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Louis Jantzen
(b) Address St. Joseph
19. (a) Mar. 6 1946 (b) J. H. Meathurst Registrar's signature

23. Signature L. T. Bloomer M. D. or other physician
Address 1218 N. 3rd St. St. Joseph Date signed 3/1/46

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

1000

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..... *John Roy Stacey*

Licensed Embalmer No. *2435*

P. O. Address..... *St Joseph*

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.