

No. 2
5-43
5-17-39
I X36871

FILED NOV 3 1946
Registration District No. _____

Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jennings
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7058 Minnie Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Jennings
(If outside city or town limits, write "RURAL")
(d) Street No. 7058 Minnie Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles E. Reinhardt
3. (b) If veteran, name war No 3. (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 Emma Reinhardt 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased June 6, 1879.
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 23rd
year 1946 hour 5:45 minute P. M.
21. I hereby certify that I attended the deceased from Oct 11
1946 to Oct 23 1946
that I last saw him alive on Oct 15 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary occlusion
Duration Subleu

8. AGE: Years Months Days If less than one day
67 4 17 hr. min.

Due to _____
Due to 932

9. Birthplace Nashville, Illinois.
(City, town, or county) (State or foreign country)
10. Usual occupation Real Estate Broker

Other conditions Myocarditis
(Include pregnancy within 3 months of death)
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Charles E. Reinhardt
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____

16. (a) Informant Mrs. Emma Reinhardt
(b) Address 7058 Minnie Ave. Jennings.
17. (a) Burial (b) Date thereof Oct. 26, 1946.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

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?

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
(b) Address 4828 Natural Bridge Blvd
19. (a) D-26-46 (b) Ruth D. Allen MD
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
Means of injury _____
23. Signature E. J. ... (M. D. or other) W.D.
Address 7058 Minnie Ave Date signed 10/24/46

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

John A. Milina

Licensed Embalmer No.

4186

P. O. Address

St. Louis Mo

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.