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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15569
Registrar's No. 3743

Registration District No. 318 Primary Registration District No. 1003

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:
3414 So. Spring Ave., 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Life.

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. 3414 So. Spring
(If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Irene A. Reinecke

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Carl

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased April 27th, 1896 (Month) (Day) (Year)

8. AGE: Years 50 Months 11 Days 11 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Emil Harnish
13. Birthplace Dallas (City, town, or county) Texas (State or foreign country)

MOTHER
14. Maiden name Wilhelmina Zimmer
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Carl Reinecke
(b) Address 3414 So. Spring

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/47 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Pk.

18. (a) Signature of funeral director J. L. Ziegenhein
(b) Address 7027 Gravois Ave.

19. (a) APR 8 1947 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th year 1947 hour 12 minute 20 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 Strangulation Due to Hanging Duration
Due to Hanging by the neck from a rope attached to a water pipe in the basement of the Barnes & Carley Apartment Home 3414 S. Spring on April 8th 1947 at about 12:20 P.M.
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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) Suicide
(b) Date of occurrence April 8, 1947
(c) Where did injury occur? St. Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Strangulation

23. Signature (M. D. or other)
Address Date signed 4/9/47

(Licensed Embalmer's Statement on Reverse Side)

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 W G Peterson

Licensed Embalmer No. 3767

P. O. Address 7077 Gravois

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.