No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32936

FILED SEP 18 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8446

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. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford 28

(c) City or town Cuba 1
(If outside city or town limits, write "RURAL")

(d) Street No. 2361 So. 39th St. 0
(If rural, give location)

N.R. 1

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Frederick J. Reinhold

3. (b) If veteran, name war

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Lena Reinhold

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

7. Birth date of deceased Sept (Month) 30 (Day) 1861 (Year)

8. AGE: Years 85 Months 11 Days 4 If less than one day hr. min.

9. Birthplace Columbia (City, town, or county) Ill (State or foreign country) 1

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name John Reinhold
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) " (State or foreign country) 9

16. (a) Informant E. F. Reinhold
(b) Address 2361 So. 39th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep. 6 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director C. Hoffmeister Colonial Mortuary
(b) Address 6464 Chippewa St.

19. (a) SEP 5 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4
year 1947 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from Aug 29 1947, 19, to Sept 4, 1947, 19;
that I last saw him alive on Sept 3, 1949
and that death occurred on the date and hour stated above.

Immediate cause of death Chr Myocarditis
Chr Nephritis

Due to Generalized arteriosclerosis

Due to

Other conditions Tangiene Flower Eitematis
(Include pregnancy within 3 months of death)
Bronchial Asthma

Major findings:
Of operations none
Of autopsy no

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place) 0
While at work? (e) Means of injury

23. Signature A. Bindbeutel (M. D. or other) MD
Address 5203 Chippewa Date signed 9/5/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) A. Bindbeutel

Dr. A. Bindeutel
5203 Chippewa St.

HU 8028
JE 5858

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 Harry J. Kleinmacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.