

Registration District No. **318**

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2239 Denton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2239 DENTON 9
(If rural, give location) 20 0
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME WILHELMINA REINHARDT

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

4. Sex Fe. / 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife AUGUST REINHARDT 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased 9 - 14 - 1862
(Month) (Day) (Year)

8. AGE: Years 85 Months 4 Days 18 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business.....

12. Name UNAVAILABLE

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

14. Maiden name UNAVAILABLE

15. Birthplace.....
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Foley

(b) Address 2239 Denton St.

17. (a) BURIAL (b) Date thereof.....
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Marcus Cemetery

18. (a) Signature of funeral director Dutch Center Mortuary

(b) Address 4024 Lindell Blvd.

19. (a) FEB 5 1948 (b) J. F. Bremer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2
year 1948 hour 11 minute 40 P. M.

21. I hereby certify that I attended the deceased from June 15
..... 1944, to Feb. 2nd..... 1948
that I last saw her alive on Jan. 28..... 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio vascular disease
Duration For years

Due to.....

Due to.....

Other conditions Senility
(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).....

(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) (e) Means of injury.....

23. Signature Peter K Eckhoff (M. D. or other) 0

Address 4701 St. Louis Ave Date signed 2-3-48

RECEIVED 1911

APR 11 1911

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 Red E. Campbell

Licensed Embalmer No. 3881

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.