S. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 3 1948

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10588

Primary Registration District No. 1003

Registrar's No. 2846

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: City Infirmary 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Yrs. 5 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS, 17 (If outside city or town limits, write "RURAL")

(d) Street No. 5800 ARSENAK ST., 9 (If rural, give location)

(e) Citizen of foreign country? 13 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME JOSEPH REINSCHMIDT

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced UNKNOWN 0

6. (b) Name of husband or wife Mary Reinschmidt

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased AUGUST (Month) 19 (Day) 1864 (Year)

8. AGE: Years 83 Months 7 Days 2 If less than one day hr. min.

9. Birthplace GRAND TOWER, ILL., (City, town, or county) 1 (State or foreign country)

10. Usual occupation Retired Groceryman

11. Industry or business

FATHER
12. Name Conrod Reinschmidt
13. Birthplace UNKNOWN (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Mary Wondercheck
15. Birthplace UNKNOWN (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant CITY INFIRMARY RECORDS

(b) Address 5800 Arsenal St.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 25/48 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter Cemetery

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.,

19. (a) MAR 23 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature) J. F. Bredeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 21, year 1948 hour 12:30 (NOON) M.

21. I hereby certify that I attended the deceased from 7-1-45, 19, to 3-21-48, 19; that I last saw him alive on 3-21-48, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arteriosclerosis — Duration many yrs

Due to Probable coronary occlusion

Due to no revealed by autopsy

Other conditions (Include pregnancy within 3 months of death) 97

Major findings: Of operations

Of autopsy see above

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Palmer Romaine Bowdish (M.D. or other)

Address 5800 Arsenal St., Date signed 3/22/48

(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 Alfred F. Biedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave.,

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.