

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

National Office of Vital Statistics

FILED JUL 14 1948

Registration District No. **377**

Primary Registration District No. **3066**

Registrar's No. **1556**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Kirkwood**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **405 Frieda Ave.**
(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 **No.** (b) County **St Louis 96**

(c) City or town **Kirkwood**
(If outside city or town limits, write "RURAL")

(d) Street No. **405 Frieda Ave.**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **ELIZABETH REINHARDT**

3. (b) If veteran, name war **None**

3. (c) Social Security No. _____

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Late Charles**

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

7. Birth date of deceased **July 10 1858**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **21**
year **1948** hour **4:25** minute _____ P. M.

21. I hereby certify that I attended the deceased from **Nov 15 1947** to **June 21 1948**
that I last saw him alive on **June 19 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Traumatic Coping** Duration **2 day**

8. AGE:

Years	Months	Days	If less than one day
89	11	11	hr. _____ min. _____

Due to **Chronic Interstitial nephritis** **23+**

Due to **Arteriosclerosis** **23+**

Other conditions **131a**

(Include pregnancy within 3 months of death)

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

10. Usual occupation **Housework**

PHYSICIAN _____

Major findings: **none made**

Of operations _____

Of autopsy **none made**

Underline the cause of which death should be charged statistically.

11. Industry or business _____

12. Name **Edward Schmidt**

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

14. Maiden name **Salome Unknown**

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

16. (a) Informant **Edwin C. Linnemeyer**

(b) Address **405 Frieda Ave. Kirkwood**

17. (a) **Burial** (b) Date thereof **6-24-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cem.**

18. (a) Signature of funeral director **Kriegshauser Und. Co.**

(b) Address **4228 So. Kingshighway Bl.**

19. (a) **22-48** (b) **Paul J. Hoffmann**
(Date received local registrar) (Registrar's signature)

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 **Joseph D. Davis** (M. D. or other) _____

Address **Trisco Bldg** Date signed **6-22-48**

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 Richard H. Stovesand

Licensed Embalmer No. 4007

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.