No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 28 1948

Registration District No. 348

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 281283
Registrar's No. 7165

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Washington
(c) City or town Hoyleton
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME August Carl Reinkensmeyer
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rose Reinkensmeyer
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased June (Month) 22 (Day) 1846 (Year)

8. AGE: Years	Months	Days	If less than one day
64	1	21	hr. min.

9. Birthplace Washington County Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming

FATHER
12. Name Henry Reinkensmeyer
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caroline Hoffman
15. Birthplace Washington County Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Rose Reinkensmeyer
(b) Address Hoyleton, Illinois
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation Hoyleton, Illinois
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) AUG 15 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August 13 day
year 1948 hour 11 minute 25 P.M.
21. I hereby certify that I attended the deceased from August 9, 1948, to August 13, 1948; that I last saw him alive on August 13, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis	Duration 1 min.
Due to Coronary arteriosclerosis	6 mo
Due to	
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)
(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 Rauenbaum (M. D. or other)
Address 3701 Grandel Sq. Date signed 8-14-48

(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.....

Licensed Embalmer No. 9645

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.