S. No. 300
v. 10.48

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

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25208

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6830

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Louis, Mo.
c. LENGTH OF STAY (in this place): 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Alexian Bros. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Heights
d. STREET ADDRESS (If rural, give location): 2414 Bellevue

3. NAME OF DECEASED (Type or Print): a. (First) Louis b. (Middle) J. c. (Last) Reinstadtler
4. DATE OF DEATH (Month) (Day) (Year): Aug. 5th, 1949
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 12th, 1867
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 6 Days 23 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Saint Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? Usa
13a. FATHER'S NAME: George Reinstadtler
13b. MOTHER'S MAIDEN NAME: Katherine (Unknown)
14. NAME OF HUSBAND OR WIFE: Kate Estelle Reinstadtler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs. Helen Kissel, 2414 Bellevue, R. H. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral Arteriosclerosis — 4 yrs
DUE TO (c) Hypertensive Cardiovascular Disease — 4 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 443X

22. *I hereby certify that I attended the deceased from* 8-1-, 1949, *to* 8-5-, 1949, *that I last saw the deceased alive on* 8-4-, 1949, *and that death occurred at* 12:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MDU
23b. ADDRESS: 634 N. Grand.
23c. DATE SIGNED: 8/5/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/6/49
24c. NAME OF CEMETERY OR CREMATORY: Saint Peters Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis Co., Missouri

DATE REC'D BY LOCAL REG.: AUG 5 1949
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Calvin F. Feutz, 4828 Natural Bridge Blvd.

(Licensed Embalmer's Statement on Reverse Side)

No. 5448
230 pm

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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Signed Ralph C. Lindsay

Signed.....
Student Embalmer

Licensed Embalmer No. 4275

P. O. Address St. Louis Mo

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.