

FILED AUG 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28471

State File No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6992	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE Illinois b. COUNTY St. Clair			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 0 16 DA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Athens		497 116	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital,				d. STREET ADDRESS (If rural, give location) NR 209 South Jackson			
3. NAME OF DECEASED (Type or Print) FRANK		a. (First) _____ b. (Middle) (N)		c. (Last) RINEHARDT		4. DATE OF DEATH AUG 11 1949	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH May 20, 1901	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Highway Commissioner		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? 1	
13a. FATHER'S NAME George Reinhardt		13b. MOTHER'S MAIDEN NAME Anna Schlicht		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 309-14-0678		17. INFORMANT'S SIGNATURE OR NAME George Reinhardt ADDRESS _____			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive heart failure, post-operatively DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary tuberculosis				INTERVAL BETWEEN ONSET AND DEATH 3 hrs 18 yrs.	
19a. DATE OF OPERATION 8/5/49		19b. MAJOR FINDINGS OF OPERATION pulmonary tuberculosis				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) 135			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? PO 2X			
22. I hereby certify that I attended the deceased from JULY 26 , 19 49 to AUG 11 , 19 49 , that I last saw the deceased alive on AUG 11 , 19 49 , and that death occurred at 2:15 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE FR Bradley MD (Degree or title)				23b. ADDRESS Barnes Hospital,		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/11/49		24c. NAME OF CEMETERY OR CREMATORY Oak Ridge		24d. LOCATION (City, town, or county) (State) New Athens Ill.	
DATE REC'D BY LOCAL AUG 11 1949		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Lee H. Hull ADDRESS New Athens Ill			

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

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.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

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.