

FILED JUN 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22382

22382

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>1295</u>	
1. PLACE OF DEATH a. COUNTY <u>KOCH St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KOCH</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		_____ <u>2259</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KOCH HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>25 305 LUCAS</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>REINHARDT</u>		b. (Middle) _____		c. (Last) <u>SCHROEDER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5 20 1950</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>		8. DATE OF BIRTH <u>5-12-04</u>		9. AGE (In years last birthday) <u>46</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 48 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BARREL MAKER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>FRED SCHROEDER</u>		13b. MOTHER'S MAIDEN NAME <u>CAROLINE FRUNN</u>		14. NAME OF HUSBAND OR WIFE <u>RUTH TURCK (DIVORCED)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>488-03-9029</u>		17. INFORMANT'S SIGNATURE OR NAME <u>T.H. BOLDT, MD</u>		ADDRESS <u>KOCH HOSP</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY TUBERCULOSIS</u>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> _____  INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs ?</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>002X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>_____</u>		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>3 March</u> , 1950, to <u>20 May</u> , 1950, that I last saw the deceased alive on <u>20 May</u> , 1950, and that death occurred at <u>5:25P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>T.H. Boldt, MD.</u> (Degree or title)				23b. ADDRESS <u>Koch Hosp Koch Mo</u>		23c. DATE SIGNED <u>5-21-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/23/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Matthews Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>5-22-50</u>		REGISTRAR'S SIGNATURE <u>Herbert E. Dombey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wacker-Welder</u>		ADDRESS <u>3634 Gravois</u>	

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Robert C. Wheeler*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2-178*

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.**