

FILED SEP 14 1950

STANDARD CERTIFICATE OF DEATH

State File No. 27339

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

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 0395 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL-ROCK TOWNSHIP	c. LENGTH OF STAY (in this place) 28 YEARS	c. CITY (If outside corporate limits, write RURAL and give township) RURAL-ROCK TOWNSHIP	.0500
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME & NEAR BECK Mo		d. STREET ADDRESS (If rural, give location) HOME - NEAR BECK Mo	

3. NAME OF DECEASED (Type or Print) a. (First) LOUISA b. (Middle) REINBOLD c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) Aug 25, 1950	
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5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 26, 1866	9. AGE (In years last birthday) Months Days 84 2 3	IF UNDER 1 YEAR Hours Min.	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) ST. LOUIS CO, Mo		12. CITIZEN OF WHAT COUNTRY? U. S.	

13a. FATHER'S NAME FREDERICK GEITZ	13b. MOTHER'S MAIDEN NAME KATHERINA MILLER	14. NAME OF HUSBAND OR WIFE MR I. REINBOLD
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME I. REINBOLD - ARNOLD	ADDRESS Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Carcinoma Primary l. breast		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		170x0

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Arnold Jefferson Mo
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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
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22. I hereby certify that I attended the deceased from **July**, 1947, to **Aug 25, 1950**, that I last saw the deceased alive on **Aug 25, 1950**, and that death occurred at **11:10 P. m.** from the causes and on the date stated above.

23a. SIGNATURE Reich Mrs.	(Degree or title)	23b. ADDRESS Bemmswick Mo	23c. DATE SIGNED 8/26/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG 29-50	24c. NAME OF CEMETERY OR CREMATORY ST. JOHN'S CEMETERY	24d. LOCATION (City, town, or county) (State) MEHLVILLE Mo.
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DATE REC'D BY LOCAL REG. Sept 2-50	REGISTRAR'S SIGNATURE Mrs. Ruth J. Giese	438	25. FUNERAL DIRECTOR'S SIGNATURE HEILSTAG FUNERAL HOME	ADDRESS ARMMSWICK Mo.
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(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 8-6-50

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 _____

Arthur W. Heiligtag

Signed.....

Student Embalmer

Licensed Embalmer No. *5892*

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.