

FILED SEP 22 1950

STANDARD CERTIFICATE OF DEATH

State File No. **31873**
Registrar's No. **7699**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5715 Westminster		d. STREET ADDRESS (If rural, give location) 5715 Westminster	

3. NAME OF DECEASED (Type or Print)	a. (First) Isaac	b. (Middle) W.	c. (Last) Reinhold	4. DATE OF DEATH (Month) (Day) (Year) Sept. 10 1950
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Oct. 9, 1869	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Morticians Supplies	11. BIRTHPLACE (State or foreign country) Yazoo City, Miss.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Joseph Reinhold	13b. MOTHER'S MAIDEN NAME Bertha Witkowski	14. NAME OF HUSBAND OR WIFE Esther
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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 Malcolm Aronberg	ADDRESS 5715 Westminster
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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		INTERVAL BETWEEN ONSET AND DEATH Several y.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c)		
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 <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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Heart
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22. I hereby certify that I attended the deceased from **May 18, 1950**, to **Sept 10, 1950**, that I last saw the deceased alive on **Sept 10, 1950**, and that death occurred at **4:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph B. Lardner	23b. ADDRESS 462 N. Taylor Ave	23c. DATE SIGNED 9/10/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 9-11-50	24c. NAME OF CEMETERY OR CREMATORY Mt. Olive	24d. LOCATION (City, town, or county) (State) St. Louis, Co., Mo.
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DATE REC'D BY LOCAL REGISTRAR SEP 11 1950	REGISTRAR'S SIGNATURE J. B. Lardner	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed

Elmo R. Godwell

Signed.....
Student Embalmer

Licensed Embalmer No.....*4077*

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.