

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35256**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8472**

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|-----------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| c. LENGTH OF STAY (In this place) 20 Yrs. | | 2179 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3259 Lafayette Ave. | | d. STREET ADDRESS (If rural, give location) 17 3259 Lafayette Ave. | |

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|----------------------------------------|-------------|--------------------------|---------------------|----------------|--------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) Lena | b. (Middle) | c. (Last) Reimold | (Month) Oct. | (Day) 5 | (Year) 1950 |

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|----------------------|-------------------------------|-----------------------------------------------------------------------|-------------------------------------|-------------------------------------------|------------|----------|-----------|----------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Dec 29 1884 | 9. AGE (In years last birthday) 65 | 10. MONTHS | 11. DAYS | 12. HOURS | 13. MIN. |
|----------------------|-------------------------------|-----------------------------------------------------------------------|-------------------------------------|-------------------------------------------|------------|----------|-----------|----------|

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|------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | 10b. KIND OF BUSINESS OR INDUSTRY - | 11. BIRTHPLACE (State or foreign country) Villingen Baden, Germany | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------|

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|-----------------------------------------|------------------------------------------|------------------------------------------------------|
| 13a. FATHER'S NAME Joseph Benner | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Ludwig R. Reimold |
|-----------------------------------------|------------------------------------------|------------------------------------------------------|

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|------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. | 16. SOCIAL SECURITY NO. - | 17. INFORMANT'S SIGNATURE OR NAME Miss Anita Reimold, 3259 Lafayette Ave., | ADDRESS |
|------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------|---------|

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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 3 yrs. |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diase of Heart failure | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension / Heart Dis. DUE TO (c) Hypertension | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|------------------------|----------------------------------------------|-------------------------------------------------------------------------------------|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION None | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) |
|------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------|

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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? 448X |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------|

22. I hereby certify that I attended the deceased from **Oct. 1, 1947**, to **Oct. 5, 1950**, that I last saw the deceased alive on **Oct. 2, 1950**, and that death occurred at **5:00 P.m.**, from the causes and on the date stated above.

| | | | |
|-----------------------------------------|-------------------|-------------------------------------|---------------------------------|
| 23a. SIGNATURE D. Lewis H. Borch | (Degree or title) | 23b. ADDRESS 1504 P. Strand. | 23c. DATE SIGNED 10-6-50 |
|-----------------------------------------|-------------------|-------------------------------------|---------------------------------|

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|------------------------------------------------------------|-------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | 24b. DATE Oct. 9, 1950 | 24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri |
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|--------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------|---------|
| DATE REC'D BY LOCAL REG. OCT 8 1950 | REGISTRAR'S SIGNATURE J. B. Luster | 25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave. | ADDRESS |
|--------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------|---------|

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

Dr. Lux Bock,
1504 South Grand

3:00 - 4:-- 7:00 - 8:00

ml

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.....
Student Embalmer

Signed.....

Felix J. Krupin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.