

FILED DEC 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43225

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3060

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton	
c. LENGTH OF STAY (in this place) 10 yrs		d. STREET ADDRESS (If rural, give location) 9510 Tesson Ferry Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION 9510 Tesson Ferry Road			

3. NAME OF DECEASED (Type or Print) a. (First) Max b. (Middle) A c. (Last) Reinhold			4. DATE OF DEATH (Month) (Day) (Year) Dec 17 1950		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb 15 1890	9. AGE (In years last birthday) 60	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 21 YRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Machine shop		11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Bruno Reinhold		13b. MOTHER'S MAIDEN NAME not known		14. NAME OF HUSBAND OR WIFE Nina Reinhold	
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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. 490-12-9969		17. INFORMANT'S SIGNATURE OR NAME Nina Reinhold		ADDRESS 9510 Tesson Ferry Rd	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Cancer of Lung (Metastasis)		7	
		ANTECEDENT CAUSES		DUE TO (b)		Primary Ca. of Kidney (C)	
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)		11/27/49	
		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 Ca of Left Kidney		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)		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 12-20-, 1949, to 12-16, 1950, that I last saw the deceased alive on 12-16-, 1950, and that death occurred at 12:20 m., from the causes and on the date stated above.

23a. SIGNATURE <i>Dr. J. Miller</i>		(Degree or title)		23b. ADDRESS 20111 - Club Bldg		23c. DATE SIGNED 12/18/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12/20/50		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St Louis County Missouri	
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DATE REC'D BY LOCAL REG. 12-18-50		REGISTRAR'S SIGNATURE <i>Herbert P. Rombe MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE L Ziegenhein & Sons		ADDRESS 7027 Gravois	
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RWR (Licensed Embalmer's Statement on Reverse Side)

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

4000

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.

Signed Frank J. Swann Student Embalmer No. _____

Signed _____
Student Embalmer

Licensed Embalmer No. 2245

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.