

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6724

State File No. ....

FILED MAR 5 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1303**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b> <b>2249</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pronounced dead City Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>3728 Kosciusko St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Edwin</b> b. (Middle) <b>J.</b> c. (Last) <b>Reinschmidt</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 8 1952</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug 31 1878</b>
9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired painter</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Unknown</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Josephine</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes Spanish American</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lester Reinschmidt</b>
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) <b>Gunshot wound of skull and brain, self inflicted</b> DUE TO (b) <b>his home on Feb 8 1952</b> DUE TO (c) <b>assault 1020 pm</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Suicide</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) <b>Suicide</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>St. Louis Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Feb 8 5:10 PM</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <b>E976</b>		22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>1020P</b> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Patricia E. Taylor MD 3</b>		23b. ADDRESS <b>1300 Clark</b>	
23c. DATE SIGNED <b>2.11.52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	
24b. DATE <b>Feb II 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mo. Crematory</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>McLAUGHLIN FUNERAL HOME, INC.</b>	
DATE REC'D BY LOCAL REG. <b>FEB 11 1952</b>		REGISTRAR'S SIGNATURE <b>Carl Smith, MD</b>	

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*F. G. Harris*

Licensed Embalmer No. 3384

P. O. Address 2301 Lafayette

**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.