

STANDARD CERTIFICATE OF DEATH

State File No. 22540

FILED JUN 27 1952

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5394

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY	
b. CITY OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS 2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3875 Humphry		d. STREET ADDRESS (If rural, give location) 16 3875 Humphry St	
3. NAME OF DECEASED (Type or Print) a. (First) GERTRUDE b. (Middle) Reinhardt c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) JUNE 9-52	
5. SEX FE	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. Y.	8. DATE OF BIRTH Oct 27-1855
9. AGE (In years last birthday) 96 YRS		10. KIND OF BUSINESS OR INDUSTRY nil	
11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry C. Schuessler		13b. MOTHER'S MAIDEN NAME Elizabeth Kardee	
13c. NAME OF HUSBAND OR WIFE HENRY H. REINHARDT		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Anna M. Ebenreck		ADDRESS 3875 Humphry	

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) Cerebral Hemorrhage Antecedent Causes: Convulsing Hemiplegia Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
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 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)
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 331X

22. I hereby certify that I attended the deceased from Jan. 1937, to June 9, 1952, that I last saw the deceased alive on June 9, 1952, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE R. Berg MD	(Degree or title) 0	23b. ADDRESS 3203 S Grand St. St. Louis Mo	23c. DATE SIGNED 6-10-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE-12-52	24c. NAME OF CEMETERY OR CRYPTORY ST. MATTHEWS	24d. LOCATION (City, town, or county) (State) St. Louis Mo
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 12 1952 Carl Smith MD	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schmur 3125 Lafayette	

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 Ronald O Yakubo

Licensed Embalmer No. 8917

P. O. Address 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.