

FILED AUG 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26667

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 2080

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Webster Groves</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>507 Lee Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>507 Lee Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>JULIUS</u> c. (Last) <u>REINHARDT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 4 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 9 - 1885</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sales Mgr.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Frank Adams Electric Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Freburg Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Julius Reinhardt</u>	13b. MOTHER'S MAIDEN NAME <u>Augusta Seibert</u>	14. NAME OF HUSBAND OR WIFE <u>Ruth Reinhardt</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>494-07-6486</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. H. J. Reinhardt</u>	ADDRESS <u>Webster GROVE</u>
---	--	---	------------------------------

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>			<u>14 years</u>
	DUE TO (c) <u>hypertensive cardiac vascular disease</u>			<u>4 years</u>
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"/>
------------------------------	--	--

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 _____
---	--	---------------------------------

22. I hereby certify that I attended the deceased from 12-12, 1948 to 8-3, 1952, that I last saw the deceased alive on Aug 3, 1952, and that death occurred at 6:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Manuel Corti M.D.</u>	23b. ADDRESS <u>4500 Olive St</u>	23c. DATE SIGNED <u>8/4/52</u>
---	-----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-5-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Kirkwood Mo.</u>
---	---------------------------	---	---

DATE REC'D BY LOCAL REG. <u>8-4-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Aldrich</u>	ADDRESS <u>7 Home Webster Groves</u>
--	---	---	--------------------------------------

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

JUN 4 1954

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Wabster Groves

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.