

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16132**
Registrar's No. **4117**

FILED MAY 14 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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, Mo.	c. LENGTH OF STAY (In this place) 70 yrs	c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 3709 Ohio Ave.		e. STREET ADDRESS (If rural, give location) 3709 Ohio Ave.	2249

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) BERTHA	b. (Middle) A.	c. (Last) REINHARDT	April 18, 1953	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 9	8. DATE OF BIRTH Sept. 9, 1882	9. AGE (In years last birthday) Months Days 70
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 (City and State or Foreign Country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY?				

13a. FATHER'S NAME CHRISTIAN REINHARDT	13b. MOTHER'S MAIDEN NAME ANNA KREUTZBERG	14. NAME OF HUSBAND OR WIFE
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Robert Tentschert, Sr. 3709 Ohio Ave.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arterio sclerosis myocardialis</i>		<i>Yes</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arterio sclerosis Renal disease</i>		<i>Yes</i>
DUE TO (c) <i>Senescent tuberculous pleuritis</i>		<i>Yes</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Paralytic agitans</i>		<i>Yes</i>	
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 442X

22. I hereby certify that I attended the deceased from *Feb*, 1952, to *4/18/53*, 19__, that I last saw the deceased alive on *4/16*, 1953, and that death occurred at *11:50 A.*, from the causes and on the date stated above.

23a. SIGNATURE <i>C. F. Reinhardt MD.</i>	(Degree or title) 0	23b. ADDRESS 5203 Chippwood.	23c. DATE SIGNED 4/2/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE April 21, 1953	24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. APR 21 1953	REGISTRAR'S SIGNATURE <i>Carl Smith MD.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Heiderwieden F.H. Inc.</i>	ADDRESS 1936 St. Louis Ave.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

