

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29184
Registrar's No. 4950

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4950			
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) 50 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2169					
d. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL				d. STREET ADDRESS (If rural, give location) 16 3929 So. Grand Ave.					
3. NAME OF DECEASED (Type or Print) PAULINE			a. (First)		b. (Middle) L.		c. (Last) REINHEIMER		
4. DATE OF DEATH		(Month) June		(Day) 3,		(Year) 1954			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH June 3, 1877			
9. AGE (in years last birthday) 77 yrs		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife				10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Beck, Missouri			
12. CITIZEN OF WHAT COUNTRY? USA				13a. FATHER'S NAME REV. PETER WESELOH		13b. MOTHER'S MAIDEN NAME VOELKER			
14. NAME OF HUSBAND OR WIFE ALBERT J. REINHEIMER				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none			
17. INFORMANT'S SIGNATURE OR NAME Albert J. Reinheimer, 3929 So. Grand Ave				18. CAUSE OF DEATH		19. INTERVAL BETWEEN ONSET AND DEATH 7 days			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				19. INTERVAL BETWEEN ONSET AND DEATH 7 days	
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) (m.)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201							
22. I hereby certify that I attended the deceased from 5/28, 1954, to 6/3, 1954, that I last saw the deceased alive on 6-29, 1954, and that death occurred at 3:25 P m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) John A. Sember M.D.				23b. ADDRESS 1504 So Grand Ave		23c. DATE SIGNED 6/4/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE June 7, 1954		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Mausoleum		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE REC'D BY LOCAL REG JUN 4 1954		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H. Inc., 1936 St. Louis Ave					

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. John Duenler, M.D.
1504 So. Grand

DRG-3530 -
10-5-88 -
11-1-88 -

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 David Russell

Licensed Embalmer No. 4520

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.