

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11307

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2627**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo</b>		c. LENGTH OF STAY (in this place) <b>1 week</b>		c. CITY OR TOWN <b>Lemay</b> <b>4860</b>		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 <b>Alexian Bros Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>#1 Moundale Ct.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>EMIL</b> b. (Middle) <b>P.</b> c. (Last) <b>REINHEIMER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar 12, 1956</b>						
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan. 20, 1883</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, if required) <b>Brewery Worker</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo</b>			
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13a. FATHER'S NAME <b>Fred Reinheimer</b>		13b. MOTHER'S MAIDEN NAME <b>Selma Elsinger</b>		14. NAME OF HUSBAND OR WIFE <b>Jennie Reinheimer</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>494 109 010</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Jennie Reinheimer, #1 Moundale Ct.</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>(1) Hypertensive heart disease</b> ANTECEDENT CAUSES <b>(2) /K/a. dilatation of heart</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>arterio sclerosis generalis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>several yrs.</b> <b>1/2 year.</b> <b>several yrs.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>443X</b>				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?					
22. I hereby certify that I attended the deceased from <b>Nov 7, 1956</b> , to <b>3-12, 1956</b> , that I last saw the deceased alive on <b>3/10, 1956</b> , and that death occurred at <b>4:15a m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Erwin N. Seelius M.D.</b>				23b. ADDRESS <b>752 Lemay Ferry Rd</b>		23c. DATE SIGNED <b>3-13-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3/15/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Mausoleum</b>		24d. LOCATION (City, town, or county) (State) <b>Lemay 23, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>MAR 13 1956</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Fendler Und. Co., 7420 Michigan Ave.</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

*Dr. Cochius*

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**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.....  
Signature of Student Embalmer

Signed *W. G. Peterson*

Licensed Embalmer No. *37*

P. O. Address *742070*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.