

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22078

FILED JUN 29 1956

318

1003

State File No.

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. **5727**

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

| | | | |
|---|-------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY OR TOWN ST. LOUIS MO | | c. CITY OR TOWN ST. LOUIS | |
| c. LENGTH OF STAY (In this place) | | 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 ST. LOUIS CITY Hosp. | | STREET ADDRESS (If rural, give location) 24 3012 IOWA 0 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) LOUIS b. (Middle) - c. (Last) REINHARDT | | 4. DATE OF DEATH (Month) (Day) (Year) JUNE 15 1956 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH Nov. 14 1870 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED TUCK POINTER | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. |
| 11. BIRTHPLACE (City and State or Foreign Country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME JOSEPH REINHARDT | | 13b. MOTHER'S MAIDEN NAME MAGDALENA HACK | |
| 14. NAME OF HUSBAND OR WIFE LYDIA REINHARDT | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | |
| 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS LYDIA REINHARDT 3012 IOWA | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of head. | | INTERVAL BETWEEN ONSET AND DEATH | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | II. OTHER SIGNIFICANT CONDITIONS | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. self inflicted, in home | | DUE TO (b) White | |
| DUE TO (c) White | | DUE TO (d) White | |
| ii. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. suffering a temporary mental aberration | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 21a. ACCIDENT SURROUNDINGS (Specify) suicide | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis MO | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 15 56? | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? E976x | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 900A m. , from the causes and on the day stated above. | | | |
| 23a. SIGNATURE, (Deponent title) Patrick E. Taylor | | 23b. ADDRESS 1300 Clark | |
| 23c. DATE SIGNED 6.15.56. | | 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | |
| 24b. DATE June 18 1956 | | 24c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS | |
| 24d. LOCATION (City, town, or county) (State) ST. LOUIS MO | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carl Smith Mr Thomas Kates 2906 Prairie | |
| DATE REC'D BY LOCAL REG. JUN 15 1956 | | REGISTRAR'S SIGNATURE | |

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.....
Licensed Embalmer No. 434
P. O. Address 2906

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.