

S. No. 300  
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29027

FILED SEP 7 1956

State File No. ....

318

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|  |                               |  |  |   |   |   |  |
|--|-------------------------------|--|--|---|---|---|--|
| BIRTH NO. _____  |                               | REG. DIST. NO. _____   |  | PRIMARY REG. DIST. NO. _____  |   | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |                               |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>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>Saint Louis</b>  |                               | c. LENGTH OF STAY (In this place) _____  |  | c. CITY OR TOWN <b>Normandy</b> <i>4184</i>   |   | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>   |                               |  |  | e. STREET ADDRESS (If rural, give location) <b>28 Bellerive Acres, 21,</b>  |   |   |  |
| 3. NAME OF DECEASED (Type or Print) a. (First) <b>EDWIN</b>  |                               |  | b. (Middle) <b>GEORGE</b>                                    |   | c. (Last) <b>REINSCHMIDT</b>  |   | 4. DATE OF DEATH (Month) (Day) (Year) <b>July 26th, 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>Oct. 30th, 1877</b>                      |   | 9. AGE (In years last birthday) <b>78</b>                                       | IF UNDER 1 YEAR Months _____  | IF UNDER 1 YEAR Days _____                                   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Restaurant Owner</b>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Eds White Front</b>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>   |   | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>   |  |
| 13a. FATHER'S NAME <b>Conrad Reinschmidt</b>   |                               |  | 13b. MOTHER'S MAIDEN NAME <b>Mary Wondrack</b>               |   | 14. NAME OF HUSBAND OR WIFE <b>Alice Reinschmidt</b>                            |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>  |                               | 16. SOCIAL SECURITY NO. <b>None</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Mary Norman, 28 Bellerive Acres, 21,</b>  |   |   |  |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>profuse rectal bleeding</b><br>DUE TO (c) <b>bleeding</b> |  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH                             |
| 19a. DATE OF OPERATION _____   |                               | 19b. MAJOR FINDINGS OF OPERATION _____   |  |   |   | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |  |
| 21a. ACCIDENT (Specify) SUICIDE HOMICIDE _____   |                               | 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) <b>7-26-56</b>   |                               | 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>7-24</b> , 19 <b>56</b> , to <b>7-26</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>7-26</b> , 19 <b>56</b> , and that death occurred at <b>6:00A</b> m., from the causes and on the date stated above. |                               |  |  |   |   |   |  |
| 23a. SIGNATURE <b>Colonel Harris M.D.</b>  |                               |  |  | 23b. ADDRESS <b>6826 Natural Bridge</b>   |   | 23c. DATE SIGNED <b>7-27-56</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>   |                               | 24b. DATE <b>7/28/56</b>   | 24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b> |   | 24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b> |   |  |
| DATE REC'D BY LOCAL REG. <b>JUL 27 1956</b>  |                               | REGISTRAR'S SIGNATURE <b>[Signature]</b>   |  | FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., St. Louis, 15, Missouri.</b>                              |   |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

4:00PM

Friday Sure.

File in City.

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 *Ralph T. Zindene*.....

Licensed Embalmer No. 4225.....

P. O. Address *38 Zindene*.....

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.