No. 300
10:48

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

FILED MAR 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6874

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 467

1. PLACE OF DEATH
a. COUNTY St. Louis ~~County Hosp~~.
b. CITY OR TOWN ~~St. Louis County~~ Clayton
c. LENGTH OF STAY (in this place) 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, last place before admission).
a. STATE Missouri
b. COUNTY ~~Clayton~~ St. Louis
c. CITY OR TOWN Overland, Mo.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 10201 Coburg Lands

3. NAME OF DECEASED (Type or Print)
a. (First) Ernest
b. (Middle)
c. (Last) Reinhardt

4. DATE OF DEATH (Month) (Day) (Year) Feb. 17, 1957

5. SEX Male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Sept 19, 1883

9. AGE (In years last birthday) 73 — 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, even if retired) Poultry

10b. KIND OF BUSINESS OR INDUSTRY Retail

11. BIRTHPLACE (City and State or Foreign Country) Femme Osage, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unavailable

13b. MOTHER'S MAIDEN NAME Unavailable

14. NAME OF HUSBAND OR WIFE Ida Eva Hart 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. Unk.

17. INFORMANT'S SIGNATURE OR NAME Carl Reinhardt — **ADDRESS** as above

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Bronchial pneumonia — Generalized peritonitis — from perforated peptic ulcer — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION Perforated ulcer — generalized peritonitis

5401

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-9-, 1957, *to* 2-17-, 1957, *that I last saw the deceased alive on* 2-17-, 1957, *and that death occurred at* 9:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Jack L. Hagedorn (Degree or title) MD

23b. ADDRESS 601 S. Brentwood, Clayton

23c. DATE SIGNED 2/18/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Feb. 20, 1957

24c. NAME OF CEMETERY OR CREMATORY St. Matthew Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. 2-20-57

REGISTRAR'S SIGNATURE Herbert R. Domke MD

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Truth Center Mortuary 4811 Washington

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Elton R H Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.