

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005049

STATE FILE NUMBER

FILED MAR 10 1958

Registration District No. 119 Primary Registration District No. 5943 Registrar's No. 9

300
-57

1. PLACE OF DEATH a. COUNTY Gasconade			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Roark		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Hermann, RFD. Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION His Residence		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Lo Miles S of Hermann		Reside on Farm No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JOHN FREDERICH REINHARDT			4. DATE OF DEATH Month Day Year 2 15 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-29-1869	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 10 Days 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm work		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Berger, Mo., RFD		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Fritz Reinhardt		13b. MOTHER'S MAIDEN NAME Josephine Bretthorst		14. NAME OF HUSBAND OR WIFE Mrs Elsie Reinhardt	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs John Reinhardt Hermann, Mo RFD		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral apoplexy</u> DUE TO (b) <u>General arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 334X					INTERVAL BETWEEN ONSET AND DEATH 5 min. 20 yrs.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <u>Dec. 5, 1947</u> to <u>Feb. 15, 1958</u> and last saw him alive on <u>Feb. 6, 1958</u> Death occurred at <u>4:23 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Delma G. Stearns, M.D.</u>		(Degree or title) 2	22b. ADDRESS <u>Hermann, Mo.</u>		22c. DATE SIGNED <u>2/18/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-18-1958	23c. NAME OF CEMETERY OR CREMATORY St. John's E&R Cem		23d. LOCATION (City, town, or county) (State) Berger Mo
24. FUNERAL DIRECTOR <u>Paul H. Blum</u>		ADDRESS <u>Berger Mo</u>	25. DATE RECD. BY LOCAL REG. 2-29-58	26. REGISTRAR'S SIGNATURE <u>Delma G. Stearns</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms which are related. All diseases in Part I must be causally related.

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 Chas. H. Pope

Licensed Embalmer No. 2552

P. O. Address Hermann

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.