

XC-20 702 954
SL 16268

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038147

STATE FILE NUMBER

NOV 10 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar

10279

S. 300
1-57

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		c. CITY OR TOWN ST. LOUIS	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		d. STREET ADDRESS (If outside, give location) 2618 NEBRASKA	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last KENNETH J. REINHARDT			4. DATE OF DEATH Month Day Year Oct. 27-1958
5. SEX MALE <input checked="" type="checkbox"/>	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 11/19/25
9. AGE (In years at birthday) 32		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME OLIVER REINHARDT	
13b. MOTHER'S MAIDEN NAME LOUISA MAJINO		14. NAME OF HUSBAND OR WIFE THERESA THERESA REINHARDT	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WW-2		16. SOCIAL SECURITY NO. 188-26-8244	
17. INFORMANT Address VA HOSP. RECORDS, ST. LOUIS, MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Agranulocytosis hemolytic anemia & obstructive IMMEDIATE CAUSE (a) jaundice with liver failure DUE TO (b) Hodgkins disease DUE TO (c) 201X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 5 YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> NONE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) ITEM 14, 16 CORRECTED	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		BY AFFIDAVIT OF <u>Wife</u> 12-29-58 del	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK VA AT WORK <input checked="" 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 10/3/58 to 10/27/58 and last saw him alive on 10/27/58 Death occurred at 8:55 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Joseph T. Cannon</u> (Degree or title) M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.	
22c. DATE SIGNED 10/27/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Oct. 30-1958	
23c. NAME OF CEMETERY OR CREMATORY Our Redeemer Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
24. FUNERAL DIRECTOR Beiderwieden F.H., 1936 St. Louis		25. DATE RECD. BY LOCAL REG. OCT 27 1958	
26. REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u> S.P.			

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 *Harmer W. Drutz*

Licensed Embalmer No. *3882*

P. O. Address *St. Louis*

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.