

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County _____

Township _____

or _____

Village _____

or _____

City St. Louis (NO. 4527^a Papin)

Registration District No. 791

File No. 33547

Primary Registration District No. 1003

Registered No. 9129

St. 75 Ward _____

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Joseph Reinstein

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE white SINGLE Married
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

DATE OF DEATH Oct 3, 1914
(Month) (Day) (Year)

DATE OF BIRTH March 15, 1836
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 2^d, 1914, to Oct 3rd, 1914, that I last saw him alive on Oct 2^d, 1914

AGE 78 yrs. 6 mos. 18 ds. If LESS than 1 day, ___ hrs. ___ min.?

and that death occurred, on the date stated above, at 10^a m.

OCCUPATION (a) Trade, profession, or particular kind of work Rope maker

The CAUSE OF DEATH* was as follows:
arterio Sclerosis

(b) General nature of industry, business, or establishment in which employed (or employer) retired 5 years

BIRTHPLACE (City or town, State or foreign country) Pennsylvania

(Duration) yrs. 6 mos. ___ ds.

NAME OF FATHER unknown

Contributory (SECONDARY) (Duration) yrs. ___ mos. ___ ds.

BIRTHPLACE OF FATHER (City or town, State or foreign country) unknown

(Signed) W. H. Reinstein M. D.
Oct 5, 1914 (Address) 4564 Butler

MAIDEN NAME OF MOTHER unknown

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) unknown

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted If not at place of death? _____

(Informant) Caroline Reinstein

Former or usual residence _____

(ADDRESS) 4527^a Papin

PLACE OF BURIAL OR REMOVAL St. Peter & Paul Cem. DATE OF BURIAL Oct. 6, 1914

Filed Oct 5 1914 Marlo Starkloff REGISTRAR

UNDERTAKER Bo. Riegshamer & Co., 4102 Manchester ADDRESS _____

