

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. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION should be given.

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

Do not use this space.

30799

1. PLACE OF DEATH

County St. Louis

Registration District No. 289

Township Central

Primary Registration District No. 6033B

City St. Louis

(No. 2933 Edgar Ave.)

File No. _____

Registered No. 263

St. _____ Ward _____

2. FULL NAME Catherine M. Reinhardt

(a) Residence, No. 2933 Edgar Ave. St. _____ Ward _____

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Christian F. Reinhardt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 2, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 9-8 8 21 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

13. NAME Dont know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Dont know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mr. Christian F. Reinhardt (ADDRESS) 2933 Edgar Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Lebanon Cem. DATE Sept. 15, 1933

19. UNDERTAKER Geo. L. Pleitsch Inc. (ADDRESS) 5966 Easton Ave

20. FILED 9/14 1933 Irrela Drey-M. O. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1933 to Sept. 13, 1933
I last saw her alive on Sept. 12, 1933 Death is said to have occurred on the date stated above, at 5:21 a. m.

The principal cause of death and related causes of importance were as follows:

Atherosclerosis indefinite
95%
97
91

Other contributory causes of importance:

acute myocarditis 3 days

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) H. H. Helbing, M. D.

(Address) 4963 St. Clair

SEP 20 1933

15 15 15

DN. Summary

4963 Fountain Ave

2 to 4

Forest 5951
