

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **4891**) **Margaretta Ave.** St. Ward)

File No. **18057**
 Registered No. **4481**

2. FULL NAME Sarah Reinheimer

(a) Residence, No. 4891 Margaretta Ave. St., 7 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar. 22nd, 1869**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	65	1	9	

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

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

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) **St. Louis, Mo.**

13. NAME **Ernest A. Reinheimer**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Switzerland**

15. MAIDEN NAME **Clara Schaefer**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Bavaria**

17. INFORMANT (ADDRESS) **Mrs. Adam Tuleja, 4891 Margaretta Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cem.** DATE **May 3rd, 1934**

19. UNDERTAKER (ADDRESS) **Drehmann Hanel, 1905 Union Blvd.**

20. FILED **MAY - 2 1934 J. J. Bedeak**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 1st, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 10**, 19**34**, to **May 1**, 19**34**

I last saw her alive on **May 1**, 19**34** Death is said to have occurred on the date stated above, at **3:15 P.** m.

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

Chronic Catarrhitis
Mitral regurgitation
Senility

Date of onset **2**

Other contributory causes of importance:

Name of operation **None** Date of _____

What test confirmed diagnosis? **Clinical** 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?

If so, specify **no**

(Signed) **Francis H. Krich**, M. D.

(Address) **2900 Union Blvd.**

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.

JUN 19 1934

