

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D OCT 12 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791
1008

30688
Do not use this space.

8125

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. Registered No.
(c) City St. Louis, Missouri (d) Street No. City Sanitarium St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Reineke

(a) Residence, No. 5410 Beacon St. 7 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Anna Reinke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-14-1868

7. AGE YEARS 70 MONTHS 8 DAYS 29 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Construction
9. Industry or business in which work was done, as saw mill, bank, etc. Foreman
10. Date deceased last worked at this occupation (month and year) About 1935 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Syracuse
(STATE OR COUNTRY) New York

FATHER 13. NAME Michael Reineke

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT W.L. Moore, M.D.
(ADDRESS) 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery Sept. 14-1938

19. FUNERAL DIRECTOR (NAME) Wacker-Helderle
(ADDRESS) 2331 S. Broadway

20. FILED SEP 14 1938 J.F. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-12-38, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 38, 19, to 9-12-38, 19

I last saw him alive on 9-12-38, 19. Death is said to have occurred on the date stated above, at 3:10 A.M.

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

Arteriosclerotic Heart Disease 8-15-38x

Other contributory causes of importance:
Broncho-pneumonia 9-10-38

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes.

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

(Signed) W.L. Moore M. D.
(Address) 5400 Arsenal St

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,

Frank J. Hyland

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Frank J. Hyland

Licensed Embalmer No.

2645

P. O. Address

St. Louis Mo.

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 this body is not embalmed, above space should be left blank.