

1939 MAY 10

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

791  
1003

12970  
Do not use this space.

3312

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. .... Registered No. ....  
 (c) City of St. Louis ..... (d) Street No. De Paul Hospital ..... 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 552 Gertrude A. Reininger

(a) Residence, No. 4665 Tennessee Avenue St. 15  
 (Usual place of abode, if no street address, write county or city) (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) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 27, 1912  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
27 2 10

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stenographer  
 9. Industry or business in which work was done, as 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. Charles, Mo.

FATHER  
 13. NAME John Reininger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER  
 15. MAIDEN NAME Caroline Schneider

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

17. INFORMANT (ADDRESS) John Reininger  
4665 Tennessee Avenue

18. BURIAL, CREMATION, OR REMOVAL (PLACE) (DATE)  
SS. Peter & Paul Cem. April 10, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS)  
J. D. Brudner 2842 Keramed Street

20. FILED (DATE) (LOCAL REGISTRAR)  
APR 9 1939 J. D. Brudner  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from March 1, 1939 to April 7, 1939  
 I last saw h. alive on April 6, 1939. Death is said to have occurred on the date stated above, at 11:32 A.M.  
 The principal cause of death and related causes of importance were as follows:

Uremia  
133  
 Date of onset 3/15/39  
 Other contributory causes of importance:  
no other  
Polycystic Kidneys (congenital)

Name of operation ..... Date of .....  
 What test confirmed diagnosis phys. exam. P. test. 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? No  
 If so, specify .....  
 (Signed) D. B. Glavin M. D.  
 (Address) 401 Humboldt Bldg.

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.

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Herman A. Gebken*

Licensed Embalmer No. 2120  
2842 Meramec Street  
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.**