REC'D MAY 10 1939

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

13505
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 3847

1. PLACE OF DEATH

(a) County
(b) Township
(c) City or Town St. Louis
(d) Street No. Central 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 152 Charles Albin Reifenstein

(a) Residence, No. 4461 Olive St. St. 19
(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: Male
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) April 9, 1939

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
0	0	16	

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

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

FATHER
13. NAME Edmund Reifenstein
14. BIRTHPLACE (CITY OR TOWN) Oakland (STATE OR COUNTRY) Calif.

MOTHER
15. MAIDEN NAME Loretto Jeske
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minnesota

17. INFORMANT Edmund Reifenstein
(ADDRESS) 4461 Olive St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mo. Crematory DATE 4-26 19 39

19. FUNERAL DIRECTOR (NAME) Kriegshauser Mortuaries
(ADDRESS) 6228 So. Kingshighway

20. FILED APR 25 1939 J. F. Bledsoe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-25 19 39

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1939, to April 25, 1939.
I last saw h— alive on Apr. 24, 1939. Death is said to have occurred on the date stated above, at 1:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions	4-24-39
Other contributory causes of importance: Spina Bifida	4-10-39

Name of operation None Date of —
What test confirmed diagnosis? Observation 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) R. E. Owen, M. D.
(Address) University Club Bldg.

(Licensed Embalmer's Statement on Reverse Side)

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.

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

50M-9-19-38 1 X16605

R.E. Owen
U Club Bldg.

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. Reinhold K. Lohrmann

Licensed Embalmer No. 3395

P. O. Address.....

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.