

PR 10 1939 REG'D MAY 11 1939

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

16193
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Carondelet Primary Registration District No. 20 Registered No. 645
(c) City St. Louis (d) Street No. Station Hospital, Jefferson Barracks, Mo. 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 Arthur Julius Renisch, alias (Arthur Julius Reinhart)

(a) Residence, No. 4850 Tieman Avenue, St. Louis, Mo. (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 Ruth (Horsch) Reinhart
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18, 1886
7. AGE YEARS 52 MONTHS 9 DAYS 20 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Soldier
9. Industry or business in which work was done, as saw mill, bank, etc. U. S. Army
10. Date deceased last worked at this occupation (month and year) MAY 30, 1939 11. Total time (years) spent in this occupation 25-10/12
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri.
13. NAME Edward Renisch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri.
15. MAIDEN NAME Katherine Meyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Illinois.
17. INFORMANT (ADDRESS) Alfred Renisch (brother), 4994 Miami St. St. Louis, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE April 11, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. Hoffmeister U. & I. Co., 7814 S. Broadway
20. FILED APR 10 1939 L. F. HUBENER, 1st Lt., MC, Station Hospital, Jeff. Bks., Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1939
22. I HEREBY CERTIFY, That I attended deceased from March 30, 1939, to April 8, 1939
I last saw him alive on April 8, 1939. Death is said to have occurred on the date stated above, at 12:53 A.M.
The principal cause of death and related causes of importance were as follows:
1. Leukemia, myelocytic, severe.
2. Pneumonia, hypostatic, terminal, involving bases of both lungs.
Other contributory causes of importance: 72
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? No.
If so, specify _____
(Signed) Louis F. Hubener, M. D.
(Address) L. F. HUBENER, 1st Lt., MC, Station Hospital, Jeff. Bks., Mo.

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.....

..... Licensed Embalmer No.....

..... P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

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