

STANDARD CERTIFICATE OF DEATH

State File No. 23937

AUG 11 1939

791  
1003

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

6210

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Anthony  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 day  
(Specify whether)  
 In this community 55 years  
years, months or days

8. (a) PRINT FULL NAME MRS. LOUISA REIFENSTEIN  
 8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. 152

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Charles T. Reifenstein 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Jan 8 1870  
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 4 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Red Bud Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Household

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name Henry Rathert  
 { 13. Birthplace \_\_\_\_\_ Germany  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name Friedericka Heuer  
 { 15. Birthplace \_\_\_\_\_ Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Eather Reifenstein  
 (b) Address 2754 Dunnica Ave

17. (a) Burial (b) Date thereof July 15, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Benderwelder, Funeral Home Inc.  
 (b) Address 1936 St. Louis Avenue

19. (a) III 11 1939 (b) J. B. Benderwelder  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3754 Dunnica Street  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12<sup>th</sup>  
 year 1939 hour 2:30 minute 10 M.  
 21. I hereby certify that I attended the deceased from June 12<sup>th</sup>  
1939 to July 12<sup>th</sup> 1939.  
 that I last saw her alive on July 12<sup>th</sup> 1939.  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 1 day  
 Due to Hypertension 2 years  
 Due to Arterio-sclerosis Sys.

Other conditions 87  
(Include pregnancy within 3 months of death)  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 1

23. Signature Albert Beisbarth (M. D. or other) \_\_\_\_\_  
 Address 2548 S. Grand Bl. Date signed \_\_\_\_\_

WHILE PLAINLY USE UNFADING BLACK INK—MAKE 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 *Felix J. Krupinski*  
Licensed Embalmer No. *3497*  
P. O. Address *1936 St. Louis*

**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.**