

JAN 12 1940
Registration District No. 2033

Primary Registration District No. _____

WRITE 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.

1. PLACE OF DEATH: 2033
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 wks at Johns
In this community St Louis Mo (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5332 Maffit
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Augusta J. Reindl
3. (b) If veteran, name war _____ 3. (c) Social Security 5311
No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 20th.
year 1939 hour 3 minute 2 M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leonard E. Reindl
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased Mar. 16 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 4, 1939, to Dec 20, 1939;
that I last saw her alive on Dec 19-39, 1939;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>9</u>	<u>4</u>	hr. min.

Immediate cause of death Duration
Hypostatic Pneumonia
following hysterectomy
Due to for fibroid uterus
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings: fibroid tumor
Of operations non malignant
Of autopsy _____
Underline the cause to which death should be charged statistically

10. Usual occupation Home
11. Industry or business _____
12. Name Unknown Peterson
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant's own signature Leonard E. Reindl
(b) Address 5332 Maffit Ave.
17. (a) Burial (b) Date thereof 12-23-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) DEC 21 1939 (b) _____
(Time of day) (Date)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Robt Keyland (M. D. or other)
Address 2801 Park Ave Date signed 12-21-39

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:

R M Sanford

Licensed Embalmer No. *2273*

P. O. Address. *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.