

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 30822  
8099  
Registrar's No.

Registration District No. 791 Primary Registration District No. 1003

FILED OCT 25 1940

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5327 Tholozan St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether \_\_\_\_\_)  
In this community 25 Yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 14  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5327 Tholozan Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME George Reinshagen

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Louisa Reinshagen 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased dec 23 1867  
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Restaurant Worker (retired)

11. Industry or business Racquet Club

MOTHER FATHER  
12. Name Philip Reinshagen  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Catherine (Unkown)  
15. Birthplace Unkown  
(City, town, or county) (State or foreign country)

16. (a) Informant Louisa Reinshagen  
(b) Address 5327 Tholozan Ave

17. (a) Cremation (b) Date thereof 9 30 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director Kriegshauser Und Co

(b) Address 4228 So Kinghighway Blvd

19. (a) SEP 29 1940 (b) J. B. [Signature]  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 27  
year 1940 hour 10.17 minute \_\_\_\_\_ PM M.

21. I hereby certify that I attended the deceased from Jan  
1940 to Sept. 27, 1940  
that I last saw him alive on Sept 27, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Generalized arteriosclerosis

Other conditions Spinal Sclerosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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)  
Means of injury \_\_\_\_\_

23. Signature Joseph E. Conroy (M. D.)  
Address 225 Travis Bldg Date signed 9-29-40

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Sun Mon 10 9 74.

Frisco Ddly.

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**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.....

*Benjamin H. Schuman*

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.**