

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 2031

1. PLACE OF DEATH:

(a) County St. Louis.
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
801 S. Bemiston Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 43 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Harry C. Reiner

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 Mary D. K. Reiner 8. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased July 29 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 28 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Farm Investments

11. Industry or business _____

12. Name Lawrence Reiner

13. Birthplace France
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Menetry

15. Birthplace France
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Reiner

(b) Address 801 S. Bemiston Ave.

17. (a) Burial (b) Date thereof 10/30/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

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

(b) Address 3621 Olive, St. Louis, Mo.

19. (a) OCT 29 1940 (b) [Signature] (c) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 801 S. Bemiston Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Oct day 27 year 1940 hour 10 minute 20 P.M.

21. I hereby certify that I attended the deceased from Aug 15 1940 to Oct 27 1940

that I last saw him alive on Oct 27 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cornary Thrombosis

Duration

5 days

Due to phlebitis

Due to 13 40

Other conditions kidney stone
(Include pregnancy within 3 months of death)

pyelitis

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? _____

707 (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Rickwood, Mo. Date signed 10-27-40

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

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.....

Robert T. Sangster

Registered Apprentice No. 259

working under my personal supervision.

Signed.....

Neville B. Frohwitter

Licensed Embalmer No. 3696

P. O. Address St. Louis Mo.

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.