

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29981

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7320

1. PLACE OF DEATH:

(a) County Solano
(b) City or town Solano
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(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 _____ years, months or days)

3. (a) PRINT FULL NAME AMANDA REINHART

3. (b) If veteran, name war nil 3. (c) Social Security No. nil

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Serge Reinhardt 6. (c) Age of husband or wife if alive Several years
7. Birth date of deceased March 26 1881
(Month) (Day) (Year)

8. AGE: Years 60 Months 6 Days 13 If less than one day hr. min.

9. Birthplace Solano (City, town, or county) 1 ms (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Army Supply

12. Name Frederick Linders

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

14. Maiden name Frances Kogerman

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

16. (a) Informant Mrs Charlott Rodrick

(b) Address 3815 1/2 Dunsmuir

17. (a) Burial (b) Date thereof 8 11 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cem

18. (a) Signature of funeral director Miller Bros

(b) Address 5041 Delmar

19. (a) SEP 10 1941 (b) J. B. Rodrick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0001
(c) City or town St. Louis 16 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 3815 1/2 DUNSMUIR
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 8
year 1941 hour 1 minute 55 P. M.

21. I hereby certify that I attended the deceased from SEPTEMBER 7, 1941, to SEPTEMBER 8, 1941;
that I last saw her alive on SEPTEMBER 8, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF PELVIS WITH METASTASIS

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 55%

Of autopsy 25%

Duration

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 _____

23. Signature J. B. Rodrick (M. D. or other) D
Address BARNES HOSPITAL Date signed 9-8-41

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

1070

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.....

J. Allen Davis Jr

Licensed Embalmer No.

4053

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, fact should be so stated above.