

No. 2
-1-4-41
5-17-39
X26390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 48371
10123
Registrar's No.

Registration District No. 794

Primary Registration District No. 1003

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

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:
Christian Hospital 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Charles Reinhart

3. (b) If veteran, name was None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Late Mary Reinhart

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 18th 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>1</u>	<u>2</u>	hr. _____ min. _____

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

10. Usual occupation American Brake Co.

11. Industry or business retired for years

MOTHER FATHER {

12. Name Unknown Reinhart

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

14. Maiden name Catherine Valley
(City, town, or county) (State or foreign country)

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

16. (a) Informant John Reinhart

(b) Address 4264 Hartford St.

17. (a) Burial (b) Date thereof 12-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuar

(b) Address 4228 So. Kingshighway Blvd.

19. (a) DEC 22 1941 (b) J. F. Poudeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4264 Hartford St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20th
year 1941 hour 5:15 minute A.M. M.

21. I hereby certify that I attended the deceased from 6-26-1941 to 12-20-41
that I last saw him alive on 12-19-41
and that death occurred on the date and hour stated above.

Immediate cause of death General Arteriosclerosis of
Portals of
Heart
River - primary site
The Liver

Duration 3 m

Due to _____

Due to _____

Other conditions H68
(Include pregnancy within 3 months of death)

Major findings: H68
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? _____

23. Signature E. A. Mellis (Specify type of place) _____
(e) Means of injury _____

Address 2739 N. Grand Date signed 12-20-41

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.....
Edwin M. Hermath

Licensed Embalmer No..... *3024*

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, fact should be so stated above.