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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 23 1942 2318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

State File No. 29129

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 7612

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: St. Anthonys 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 16 9

(d) Street No. 3440 Potomac St. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Minnie Reinhardt

3. (b) If veteran, name war .....

3. (c) Social Security No. XX

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Joseph Reinhardt

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased January (Month) 28 (Day) 1880 (Year)

8. AGE: Years 62 Months 7 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business .....

MOTHER FATHER

12. Name Joseph Zykan

13. Birthplace ..... (City, town, or county) Missouri (State or foreign country) 0

14. Maiden name Selter

15. Birthplace ..... (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Joseph Reinhardt

(b) Address 3440 Potomac St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/14/42 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John S. Ziegenhain & Sons.

(b) Address 7027 Gravois Ave.

19. (a) SEP 12 1942 (Date received local registrar) J. F. Medeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 11th year 1942 hour 9:40 minute A M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...

that I last saw h... alive on ....., 19...

and that death occurred on the date and hour stated above.

Immediate cause of death Shock While Undergoing an Operation Performed for an Open Reduction for a Fracture Right Femur at St Anthonys Hosp Bustagned when Deceased Slipped Bond Relation on Iron Cellar Door in front of 5047 Gravois Ave on Sept 8th 1942 at about 10 10 PM

Duration

Other conditions (Include pregnancy within 3 months of death)

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) Accident

(b) Date of occurrence 9/8/42 000

(c) Where did injury occur? St Louis (City or town) Mo (County) (State)

(d) Did injury occur in or about home or farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? (e) Means of injury 3

23. Signature Thomas F Allen (M. D. or other)

Address Deputy Coroner Date signed 9/12/42

(Licensed Embalmer's Statement on Reverse Side)

84%

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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.