

FILED APR 19 1943 318

Primary Registration District No. 1003

Registrar's No. 3165

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:  
Protonal Woodlark City Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution ..... (Specify whether  
In this community 40 years ..... (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County .....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4495 Lee Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

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13  
7/10

3. (a) PRINT August J. Reinhardt  
FULL NAME

3. (b) If veteran, name war ..... 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 Mamie Fuhke Reinhardt 6. (c) Age of husband or wife if alive 55 yrs years

7. Birth date of deceased December 31 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 yrs 3 mos 0 ..... hr. .... min.

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

10. Usual occupation Meat Peddler

11. Industry or business Meat peddler

12. Name August R einhardt

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

14. Maiden name Minnie Kraft

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

16. (a) Informant Mamie Reinhardt

(b) Address 4495 Lee Avenue

17. (a) Burial (b) Date thereof Apr. 5, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Marcus

18. (a) Signature of funeral director Truth Center Mortuary

(b) Address 4024 Lindell Blvd

19. (a) APR 9 1943 (b) J. F. Bruce  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st  
year 1943 hour 8:20 minute A. M.

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

that I last saw him ..... alive on ..... 19..... and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis  
arterial Sclerosis

Due to .....  
Due to 7th

Other conditions (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) (b) Means of injury 3

23. Signature Thomas F. Callahan (M. D. or other) 3  
Address Deputy Coroner Date signed 4-3-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

APR 3 1943 707

(Licensed Embalmer's Statement on Reverse Side)

APR 14 43

MOTHER FATHER

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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.....

*William J. Evans*

Licensed Embalmer No.....

*4319*

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, fact should be so stated above.**