

22484

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

S. No. 2  
M-2-43  
5-17-39

Bureau of the Census  
FILED JUL 8 1943

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 1480

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Mary's Hospital  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17

(c) City or town St. Louis

(d) Street No. 5327 Tholozan Ave.  
(If outside city or town limits, write "RURAL")  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Louisa Reinshagen

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22nd  
year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Late George Reinshagen

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

7. Birth date of deceased: July 13th 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 3, 1943, to June 22, 1943  
that I last saw her alive on June 22, 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 11 Days 9  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Chronic myocarditis

Duration 3

9. Birthplace New York N.Y.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Due to \_\_\_\_\_

Due to \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Louis Gross

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

14. Maiden name Anna Unknown

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

Other conditions Chronic interstitial nephritis ?  
(Include pregnancy within 3 months of death)

16. (a) Informant Mrs. Louisa Kilcullen

(b) Address 5327 Tholozan Ave.

17. (a) Cremation (b) Date thereof 6-25-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 13/10

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) JUN 26 1943 (b) [Signature]  
(Registrar's signature)

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 Roy Schuster (M. D. or Other) \_\_\_\_\_  
Address 4247 W. Grand Blvd. Date signed 6/24/43

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

3006

Mr. Schubert  
4247 So. Grand  
St. 0951, Ft. 3952  
1-3 speech used.

**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 A. Mc Dermott*

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.**