V. S. No. 2
100M—2-43
Re 5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30309

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8706

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS, MO. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: CITY HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9/26/43 to 9/29/43 (Specify whether years, months or days)

In this community 3 nights & two days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Louis

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

(d) Street No. Mc Arthur Hotel 100 Broadway. (If rural, give location)

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

If yes, name country D

3. (a) PRINT FULL NAME OATIE REINHART

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife GEORGE REINHART

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

7. Birth date of deceased AUGUST (Month) 13 (Day) 1918 (Year)

8. AGE: Years 25 Months 1 Days 16 If less than one day hr. min.

9. Birthplace E. ST. LOUIS (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER

12. Name OTIS UNDERWOOD

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

14. Maiden name SARAH E. CRISEL

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

16. (a) Informant OTIS UNDERWOOD

(b) Address 514 N. 38 E. ST. LOUIS ILL

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-1-43 (Month) (Day) (Year)

(c) Place: burial or cremation Odd Fellows Cemetery Dahlgren Ill.

18. (a) Signature of funeral director W. B. Myers

(b) Address Mt Vernon Ill.

19. (a) OCT 1 1943 (Date received local registrar) (b) J. F. Brelsch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29 year 1943 hour 5 minute 55 P.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 Ruptured ectopic pregnancy following poisoning (Steam Electric hot water bag) pelvic abscess

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1630

Of autopsy

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) Suicide

(b) Date of occurrence Sept. 26 1943

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

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

While at work? no (e) Means of injury Poison

23. Signature Alfred Perry (M. D. or other)

Address Dept. of Health Date signed 9/29/43

(Licensed Embalmer's Statement on Reverse Side)

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

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 John Ogonoski

Licensed Embalmer No. 3398

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.