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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5626**

FILED FEB 28 1944

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1426**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: St. Louis City Hospital

(d) Length of stay: In hospital or institution 29 hours

In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St. Louis

(d) Street No. 5707 Leona

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

If yes, name country —

3. (a) PRINT FULL NAME Henry C. Reindley

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Mrs. Elisa Reindley

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased May 29 1869

8. AGE: Years 74 Months 8 Days 14

If less than one day hr. min.

9. Birthplace St. Louis Missouri

10. Usual occupation Retired Doorman

11. Industry or business Light & Power Co.

MOTHER FATHER

12. Name unknown

13. Birthplace unknown

14. Maiden name unknown

15. Birthplace unknown

16. (a) Informant Haydel - record

(b) Address —

17. (a) Burial (b) Date thereof Feb 15 1944

(c) Place: burial or cremation Concordia Cem.

18. (a) Signature of funeral director Reider W. G. H. Stone

(b) Address 1934 St. Louis Ave

19. (a) FEB 14 1944 (b) J. J. Budeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 year 1944 hour 7 minute 50 A.M.

21. I hereby certify that I attended the deceased from 2 to 11 19 44 to 2 19 44

that I last saw him alive on 2 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis heart disease

Due to —

Due to —

Other conditions —

Major findings: —

Of operations —

Of autopsy arteriosclerosis heart disease

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) —

(b) Date of occurrence —

(c) Where did injury occur? —

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

While at work? — (Specify type of place)

(c) Means of injury —

23. Signature Frank L. ... (M. D. or other) —

Address 1515 Lafayette Date signed 2-12-44

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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..... *Felix J. Krispen* .....

Licensed Embalmer No. *34197* .....

P. O. Address..... *1936 St Louis* .....

**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.**