

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED DEC 28 1945
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10913**

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:
5817 Natural Bridge Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____ Life (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. 5817 Natural Bridge Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edwin G. Reinschmidt, Jr.
3. (b) If veteran, name war No 3. (c) Social Security No. _____
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Reinschmidt 6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased November 28, 1910.
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 12th
year 1945 hour 3:00 minute P M.
21. I hereby certify that I attended the deceased from October 1st to Dec. 12th 1945;
that I last saw him alive on Dec 12th 1945;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>35</u>	<u>0</u>	<u>14</u>	hr. _____ min. _____

Immediate cause of death Brustal Embolism
Due to severe headache of 3 mts duration in nervous
Due to haustion
Other condition which was old re-
sult of head skull & spine
from auto accident
Major findings:
Of operations _____
Of autopsy 83

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Restaurant business
11. Industry or business Self
12. Name Edwin G. Reinschmidt
13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Alice Purcell
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Reinschmidt
(b) Address 5817 Natural Bridge Blvd.
17. (a) Burial (b) Date thereof Dec. 17, 1945.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

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? _____

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
(b) Address 4828 Natural Bridge Blvd.
19. (a) DEC 14 1945 (b) J.F. Bredeck
(Date received local registrar) (Registrar's signature)

23. Signature Arthur Kelly (M. D. or other) _____
Address 6390 Natural Br. Date signed 10-14-45

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

MOTHER FATHER

OCT 2 1948

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: *Ralph C. Lender*

Licensed Embalmer No. *4275*

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.