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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7855

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1573

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: FIRM DESHOSE HOSP
(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)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 4264 GERTRUDE AVE
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Reinhardt, Leona

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased DEC (Month) 29 (Day) 1899 (Year)

8. AGE: Years 46 Months 1 Days 18 If less than one day hr. min.

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

10. Usual occupation BERUTICAN.

11. Industry or business FOR SELF

MOTHER FATHER

12. Name CHARLES REINHARDT

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

14. Maiden name CATHERINE REINHARDT

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

16. (a) Informant CATHERINE REINHARDT

(b) Address 4264 GERTRUDE AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2 16 46 (Month) (Day) (Year)

(c) Place: burial or cremation OLD ST PETER PAUL

18. (a) Signature of funeral director KRIEGSHAUSER

(b) Address 4228 SOUTHWEST HIGHWAY

19. (a) FEB 15 1946 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12th year 1946 hour 11 minute 35 P.M.

21. I hereby certify that I attended the deceased from Oct. 2, 1945, to Feb 12, 1946; that I last saw her alive on Feb 12, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach — Duration Uncertain

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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? (City or town) (County) (State)

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

While at work? (e) Means of injury

23. Signature G. O. Brown (M. D. or other) MD

Address 1325 S. Grand Date signed 2/13/46

(Licensed Embalmer's Statement on Reverse Side)

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 D McDermott

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.