

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 1 1949

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State File No. 10561

Registrar's No. 2473

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY MOB	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 3		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		179			
d. FULL NAME OF DECEASED (If not in hospital, give address or location) HOSPITAL INSTITUTION Fronounced dead at City Hospital 18th & Chouteau Ave.				d. STREET ADDRESS (If rural, give location) 1600 So. 14th St.				1	
3. NAME OF DECEASED (Type or Print) BLANCHE		a. (First)		b. (Middle) A.		c. (Last) REINHEIMER (PEEPLES)		4. DATE OF DEATH (Month) (Day) (Year) Mar. 17 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH May 7, 1889	9. AGE (In years last birthday) 59	10. MONTHS 10	11. DAYS 10	12. HOURS 10	13. MINUTES	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress			10b. KIND OF BUSINESS OR INDUSTRY St. Louis Casket Co.			11. BIRTHPLACE (State or foreign country) Media, Ill.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Andrew Thompson			13b. MOTHER'S MAIDEN NAME Marie Heath			14. NAME OF HUSBAND OR WIFE George Reinheimer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME H.A. Reinhardt 4122 Taft Ave.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c) Coronary Sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR-TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:15 A.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Patrick E Taylor Coroner				23b. ADDRESS 1300 Clark			23c. DATE SIGNED 3-18-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 19, 1949		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.			
DATE REC'D BY LOCAL REG. MAR 18 1949		REGISTRAR'S SIGNATURE J. B. Bassett			25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser 4228 S. Kingshighway Bl.				

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

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