

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

18589

FILED JUN 9 1950

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4728**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hos'p.		d. STREET ADDRESS (If rural, give location) 9 1438 E. Grand 0	
3. NAME OF DECEASED (Type or Print) Hannah		4. DATE OF DEATH (Month) (Day) (Year) Reinstein 5/29/50	
5. SEX Female	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Mau 11, 1865
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	11. BIRTHPLACE (State or foreign country) St. Louis Mo. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Louis M. Prince		13b. MOTHER'S MAIDEN NAME ***** Hart	
14. NAME OF HUSBAND OR WIFE Harry Reinstein		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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Edith Alse 4605 Lindell	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Te of left leg; Arterio sclerosis INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) when she fell in Jewish Orthodox Old Falls Home DUE TO (c) on May 7 1950 about 8:30pm II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Accident	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION DD	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) Accident	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo. 890.50	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) May 7 50 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? fall		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 300A m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Leitch E Taylor, Coroner		23b. ADDRESS 1300 Clark Av	
23c. DATE SIGNED 5/29/50		24. LOCATION (City, town, or county) (State) St. Louis County	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/30/50	
24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai		24d. LOCATION (City, town, or county) (State) St. Louis County	
DATE REC'D BY LOCAL REG. MAY 29 1950		REGISTRAR'S SIGNATURE J. B. ...	
25. FUNERAL DIRECTOR'S SIGNATURE Maye		ADDRESS 4356 Lindell Blvd	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 one

working under my personal supervision.

Student Embalmer No.

Signed

William J. Stagen

Signed.....

Student Embalmer

Licensed Embalmer No. 4699

P. O. Address St Charles M

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.