

FILED JUL 19 1950

THE DIVISION OF HEALTH, OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25667

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1709

1. PLACE OF DEATH a. COUNTY St. Louis Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis Co.,	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Wellston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston 4180	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 2209 Colfax Ave.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2209 Colfax Ave.,			

3. NAME OF DECEASED a. (First) CHRISTIAN b. (Middle) F. c. (Last) REINHARDT.			4. DATE OF DEATH (Month) (Day) (Year) July 14, 1950.	
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 26, 1866.	9. AGE (In years last birthday) 83	10. UNDER 1 YEAR Months	11. UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wood worker	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Copenhagan, Denmark 4	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME ? Reinhardt.	13b. MOTHER'S MAIDEN NAME Don't Know	14. NAME OF HUSBAND OR WIFE Catherine Reinhardt Dec.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 497-16-5548	17. INFORMANT'S SIGNATURE OR NAME Harry S. Reinhardt, ADDRESS 2209 Colfax Ave
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  4500
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last: DUE TO (b) Cardiac Failure DUE TO (c) Advanced atherosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min)	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 July 12, 1950 to July 14, 1950, that I last saw the deceased alive on July 12, 1950, and that death occurred at 3:30 A.M. from the causes and on the date stated above.

23a. SIGNATURE William H. Jacey MD	23b. ADDRESS 8924 St. Charles Road	23c. DATE SIGNED 7/14/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 17, 1950	24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cem., St. Louis Co., Mo.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 7-14-50	REGISTRAR'S SIGNATURE Herbert R. Womble	25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark, ADDRESS 1125 Hodiamont Zave.,
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(Licensed Embalmer's Statement on Reverse Side)

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

4000

Dr. W. Jolly  
8924A St. Charles Rock Rd.,  
Wt. 3643 12--3. P.M.

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Alfred J. Boedecker*

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiament Ave.,

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.