

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bonne Terre</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Farmington</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>John A. Reinhart</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>April 14, 1951</u>
---	------------	-------------	-----------	---

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 28, 1858</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR <u>10</u> Hours	IF UNDER 24 HRS. <u>16</u> Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Booneville Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>Charles Reinhart</u>	13b. MOTHER'S MAIDEN NAME <u>Fredrika Trodler</u>	14. NAME OF HUSBAND OR WIFE <u>Harriet C. Reinhart</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. B. Reinhart</u>	ADDRESS <u>Farmington, Mo.</u>
---	--	-----------------------------------	---	--------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myelogenous Leukemia</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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"/>
------------------------	----------------------------------	--

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) m.	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 June, 1950, to April 14, 1951, that I last saw the deceased alive on April 14, 1951, and that death occurred at 10 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ellen Langene</u> (Degree or title) <u>Inst. V.</u>	23b. ADDRESS <u>Farmington, Mo.</u>	23c. DATE SIGNED <u>4-16-51</u>
---	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>April 16, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
---	---------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Apr. 15, 1951</u>	REGISTRAR'S SIGNATURE <u>Eather Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. H. Cozean</u>	ADDRESS <u>Farmington, Mo.</u>
---	---	--	--------------------------------

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

941
0

File No. _____
DISTRICT HEALTH OFFICE No. 4

APR 24 1951

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed..... *C. H. Cozart*

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.