

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14627

State File No.

3761

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		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 _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2149			
d. FULL NAME OF HOSPITAL OR INSTITUTION 6203^R Nottingham Ave.				d. STREET ADDRESS (If rural, give location) 6203^R Nottingham Ave.					
3. NAME OF DECEASED (Type or Print) EMMA			a. (First)		b. (Middle)		c. (Last) REINHARDT		
4. DATE OF DEATH (Month) (Day) (Year) Apr. 20 1951		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0			
8. DATE OF BIRTH Jan. 23rd 1888		9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months 2 Days 28		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary			10b. KIND OF BUSINESS OR INDUSTRY Bank retired			11. BIRTHPLACE (State or foreign country) St. Louis, Mo.			
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME Nicholas Reinhardt		13b. MOTHER'S MAIDEN NAME Frances Berns		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Paula C. Reinhardt ADDRESS 6203a Nottingham					
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer				DUPLICATE OF (a) _____				_____	
ANTECEDENT CAUSES				DUE TO (b) _____				_____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____				_____	
II. OTHER SIGNIFICANT CONDITIONS				_____				_____	
Conditions contributing to the death but not related to the disease or condition causing death.				None				_____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION None						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) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 152X							
22. I hereby certify that I attended the deceased from 11-1, 1950 , to 4-20, 1951 , that I last saw the deceased alive on 19 , and that death occurred at 12 Noon m., from the causes and on the date stated above.									
23a. SIGNATURE Therese Schuck M.D. (Degree or title)				23b. ADDRESS 1703 S Grand		23c. DATE SIGNED 4-20-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-23-51		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.			
DATE REC'D BY LOCAL REG. 4-22-51		REGISTRAR'S SIGNATURE J B Lucater		25. FUNERAL DIRECTOR'S SIGNATURE KRIEGSHAUSER'S ADDRESS 4228 So. Kingshighway		_____			

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.
Signed *Edwin M. Gernath*
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.