

FILED MAY 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18507
Registrar's No. 4286

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>4286</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>3 wks.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>E. Carondelet</u>		<u>8/20</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Sugarloaf township</u>			
3. NAME OF DECEASED a. (First) <u>Eleanor</u> (Type or Print)		b. (Middle) _____		c. (Last) <u>Reinhold</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5 - 5 - 51</u>	
5. SEX <u>F.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>May 11, 1906</u>	
9. AGE (In years last birthday) <u>44</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Maeystown, Illinois</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Louis Faus</u>		13b. MOTHER'S MAIDEN NAME <u>Eleanor Hartman</u>		14. NAME OF HUSBAND OR WIFE <u>Lawrence Reinhold</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>490 20 none 5691</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lawrence Reinhold</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hodgkin's Disease</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Tuberculosis of lung - questionable</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs.</u> <u>6 mos.</u>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>201XA</u>			
22. I hereby certify that I attended the deceased from <u>4-16</u> , 19 <u>51</u> , to <u>5-5</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5-5</u> , 19 <u>51</u> , and that death occurred at <u>7 a.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>G. D. Vermillion, M.D.</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>Barnes Hospital</u>		23c. DATE SIGNED <u>5/5/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>May 5, 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>local</u>		24d. LOCATION (City, town, or county) (State) <u>Dupo, Illinois</u>	
DATE REC'D BY LOCAL REG. <u>MAY 7 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul G. Daskin</u>		ADDRESS <u>Dupo, Illinois</u>	

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.

Student Embalmer No.....

Signed Harold A. Barber

Signed.....
Student Embalmer

Licensed Embalmer No. 4621

P. O. Address Dupo, Illinois

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.