

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18508

State File No. ....

FILED JUN 5 1951

4717

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____			
b. CITY OR TOWN <b>ST. LOUIS.</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>ST. LOUIS.</b>		2229	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>701 &amp; S 2nd St.</b>				2. FREET ADDRESS (If rural, give location) <b>701 &amp; S 2nd St. 0</b>			
3. NAME OF DECEASED (Type or Print) <b>WILLIAM</b>		a. (First)		b. (Middle) <b>L</b>		c. (Last) <b>REINHOLD</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>5-18-1951</b>		5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>APRIL 4 1869</b>		9. AGE (In years last birthday) <b>82</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED SUPERINTENDENT</b>		11. BIRTHPLACE (State or foreign country) <b>ILLINOIS</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>LAWERANCE REINHOLD</b>		13b. MOTHER'S MAIDEN NAME <b>AUGUSTA KAUFMANN</b>		14. NAME OF <del>MISSORS</del> OR WIFE <b>LUCKY REINHOLD</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <b>488-18-3676</b>		17. INFORMANT'S SIGNATURE OR NAME <b>LUCKY REINHOLD</b> ADDRESS <b>701 S 2nd ST.</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized Arteriosclerosis</b> ANTECEDENT CAUSES DUE TO (b) <b>Old age.</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b>	
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) _____	
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 <b>Jan</b> , 19 <b>48</b> , to <b>May 16</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>May 16</b> , 19 <b>51</b> , and that death occurred at <b>7:45 P. M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>[Signature]</b> (Degree or title) _____				23b. ADDRESS <b>28004 Chippewa</b>		23c. DATE SIGNED <b>5/15/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MAY 21 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SUNSET BURIAL PK.</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS. MO.</b>	
DATE REC'D BY LOCAL REG. <b>MAY 21 1951</b>		REGISTRAR'S SIGNATURE <b>J B Laeuter</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Kutis</b>		ADDRESS <b>2906 Bransden</b>	

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

1271 61 - 0

1-2-1911  
A. H.

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 *Leo J. Budd*.....

Licensed Embalmer No. *3989*.....

P. O. Address *St. Louis,*.....

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.