

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10469**
2150

FILED MAR 24 1952

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 OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS 2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION DOR CITY HOSP #1		d. STREET ADDRESS 3131 ST. VINCENT AV	

3. NAME OF DECEASED (Type or Print)	a. (First) JACOB	b. (Middle) REINIG	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) MARCH-5-52
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5. SEX M.	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MAR.	8. DATE OF BIRTH 1-1-1907	9. AGE (In years last birthday) 45	10. UNDER 1 YEAR Months	11. UNDER 18 HRS. Hours	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BAKER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME LOUIS REINIG	13b. MOTHER'S MAIDEN NAME ELIZABETH FLAICH	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME LOUIS REINIG	ADDRESS 3131 ST. VINCENT
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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, asphyxia, 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) Subdural hemorrhage caused by fractured skull: suffered in fall down a stair way leading to the 3rd fl. to the front.		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. None		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. fl. at 1384 Franklin Ave on Mar 5 1952 at about 9:35pm	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION accident	20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) house	21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) St Louis Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 5 52 9:35	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E9000-21
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **9:35 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS 360 Clark Ave	23c. DATE SIGNED 3/6/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-8-52	24c. NAME OF CEMETERY OR REPOSITORY NEW PICKERS	24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.
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DATE REC'D BY LOCAL REG. MAR 6 1952	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schuur	ADDRESS 3125 Lafayette
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

Joseph B. Hollman

Licensed Embalmer No. 410 K4

P. O. Address 3125 Lafayette

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.