

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33343

State File No. ....

FILED SEP 25 1952

318

1003

Registrar's No. 8425

BIRTH NO. .... REG. DIST. NO. .... PRIMARY REG. DIST. NO. ....

1. PLACE OF DEATH  
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE MISSOURI b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO c. LENGTH OF STAY (in this place)

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2729

d. FULL NAME OF HOSPITAL OR INSTITUTION 701 S. SECOND

d. STREET ADDRESS (If rural, give location) 22 701 S. 2nd ST.

3. NAME OF DECEASED  
a. (First) LUCY b. (Middle) - c. (Last) REINHOLD

4. DATE OF DEATH (Month) (Day) (Year) SEPT. 6 1952

5. SEX FEMALE 6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH OCT. 27 1869

9. AGE (In years last birthday) 83  
If under 1 year: Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOW

10b. KIND OF BUSINESS OR INDUSTRY NONE

11. BIRTHPLACE (State or foreign country) ILLINOIS

12. CITIZEN OF WHAT COUNTRY? 1

13a. FATHER'S NAME THOMAS ROUSSIN

13b. MOTHER'S MAIDEN NAME CYNTHIA FALKENBERRY

14. NAME OF HUSBAND OR WIFE WILLIAM REINHOLD (DEC'D)

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. 488-18-3676D

17. INFORMANT'S SIGNATURE OR NAME ADDRESS WILLIAM REINHOLD 701 S. 2nd ST.

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary thrombosis  
ANTECEDENT CAUSES  
DUE TO (b) Chronic Myocarditis  
DUE TO (c) Hypertensive CVR  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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) 4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)

21e. INJURY OCCURRED WHILE AT WORK?  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 19 48, to Sept 6, 19 52, that I last saw the deceased alive on Sept 7, 19 52, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.A.

23b. ADDRESS 28004 Chyhan

23c. DATE SIGNED 9/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

24b. DATE SEPT. 8 1952

24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PK

24d. LOCATION (City, town, or county) (State) ST. LOUIS MO

DATE REC'D BY LOCAL REG. SEP 8 1952

REGISTRAR'S SIGNATURE J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Gravois

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 \_\_\_\_\_

*James C. Bell*

Signed.....

Student Embalmer

Licensed Embalmer No. 434791

P. O. Address 2906 Travis

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.