

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42533

FILED JAN 6 1956

State File No.

10580

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 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 OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5127 COLOGNE		e. STREET ADDRESS (If rural, give location) 15 5127 COLOGNE			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES J. b. (Middle) REINHEIMER c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) DEC. 1 1955			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH JAN. 23 1878		9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED LADDER MAKER	
11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U-S-A			
13a. FATHER'S NAME JOHN REINHEIMER		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE STELLA REINHEIMER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS STELLA REINHEIMER 5127 COLOGNE	
18. NO 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDITIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIO-SCLEROSIS 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 10 yrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 422.1		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 1955, to DEC. 1 - , 1955, that I last saw the deceased alive on NOV. 28 , 1955, and that death occurred at 9:30 A.m. , from the causes and on the date stated above.					
23a. SIGNATURE R. J. Stranz (Degree or title) M.D.		23b. ADDRESS 4500 Virginia 4500 Thebes		23c. DATE SIGNED 12-2-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE DEC. 3 1955		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION	
24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kates		ADDRESS 2906 Illinois	
DATE REC'D BY LOCAL REG. DEC 3 1955		REGISTRAR'S SIGNATURE Carl Smith			

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 Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Leo J. Budde*.....
Licensed Embalmer No. *398*.....
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.