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FILED MAR 10 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-007712
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2173

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN Hanley Hills 4281 — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) New Faith Hosp. — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 7908 Alert — Reside on Farm Yes ☐ No ☐

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3. NAME OF DECEASED (Type or print) First: Grace	Middle: Lee	Last: Reinhart	4. DATE OF DEATH Month Day Year: Feb.20,1958
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Feb.10,1895
9. AGE (In years last birthday): 63	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper	10b. KIND OF BUSINESS OR INDUSTRY: Hill Behan Lumber	11. BIRTHPLACE (City and state or country): Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Samuel Ogle	13b. MOTHER'S MAIDEN NAME: Josephine Hill	14. NAME OF HUSBAND OR WIFE: James C.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 489-09-8527	17. INFORMANT: James C. Reinhart	Address: 7908 Alert

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Cardiac vascular disease — 24 Hrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.1

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 1951 to 2-26-58 and last saw her alive on 2/26/58

Death occurred at 9:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Bernard J. Pilly M.D. (Degree or title) — 22b. ADDRESS 730 Hodiamont Ave — 22c. DATE SIGNED 2-21-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 2-24-58	23c. NAME OF CEMETERY OR CREMATORY: Mt. Lebanon Cemetery	23d. LOCATION (City, town, or county) (State): St.Louis, Missouri
24. FUNERAL DIRECTOR: Chas. F. Stuart	ADDRESS: 1225 Union Blvd.	25. DATE RECD. BY LOCAL REG.: FEB 24 '58	26. REGISTRAR'S SIGNATURE: J. Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

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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 .....
Signature of Student Embalmer

Signed John L. Dennek

Licensed Embalmer No. 4194

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.