

Health, Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044697

STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Jeff.</u>	
b. CITY OR TOWN <u>CEDAR HILL MO</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>CEDAR HILL MO</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hwy 30</u>	Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>Hwy 30</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>MILBURN CARL REINHARDT</u>			4. DATE OF DEATH Month Day Year <u>12 26 58</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 24-1902</u>		9. AGE (In years) <u>56</u> (month/day)	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RESTAURANT OPER.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Food</u>	11. BIRTHPLACE (City and state or country) <u>WASHINGTON ILL.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>LOUIS REINHARDT</u>	13b. MOTHER'S MAIDEN NAME <u>CARRIE HANBAUM</u>	14. NAME OF HUSBAND OR WIFE <u>HILDA REINHARDT</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>342-05-5934</u>	17. INFORMANT <u>HILDA REINHARDT</u>	Address <u>CEDAR HILL MO</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>coronary artery thrombosis</u>	<u>10 min.</u>
	DUE TO (c) <u>arteriosclerosis</u> <u>332x</u>	<u>2 years?</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Hypertension, Essential; Left Ventricular Hypertrophy

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from Apr-27 1956 to Dec 26 1958 and last saw him alive on 12-16-58
Death occurred at 11 am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Joseph Edwards M.D.</u>	22b. ADDRESS <u>3726 Washington Blv. St. Louis Mo.</u>	22c. DATE SIGNED <u>12/26/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>12/29/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Martin's Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>
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24. FUNERAL DIRECTOR <u>Summer Tom Hauer</u>	ADDRESS <u>1111 S. Main St. St. Louis Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12/29/58</u>	26. REGISTRAR'S SIGNATURE <u>Robert G. Danner</u>
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(License of Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 18 1959

JAN 8 1959

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 *Herbert J. Lan Jr*

Licensed Embalmer No. *4800*
P. O. Address *Putnam - Me*

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.