

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-004396

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 875

AMENDED

FILED FEB 7 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MINNESOTA</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>MINNEAPOLIS.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.A. BARNES Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>6226 THOMAS AVE, S</u>	

3. NAME OF DECEASED (Type or print) First <u>HOWARD</u> Middle Last <u>REINKE</u>			4. DATE OF DEATH Month <u>JAN</u> Day <u>19</u> Year <u>1962</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</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>9/18/1910</u>	9. AGE (last birthday) <u>51</u>	IF UNDER 1 YEAR Months Days Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ramsey Corp.</u>		11. BIRTHPLACE (City and state or country) <u>MINNEAPOLIS, MINN</u>	
13a. FATHER'S NAME <u>OTTO REINKE</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA KRUSCHKE</u>		14. NAME OF HUSBAND OR WIFE <u>Evelyn G. Reinke</u>	

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>YES</u>	17. INFORMANT <u>WEILANDER-QUIST F.H. MINN, MINNESOTA</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>Coronary Thrombosis.</u>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b)		
DUE TO (c) <u>4201</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 _____ to _____ and last saw her/him alive on _____.
Death occurred at _____ 9:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Paul J. Simon</u> (Degree, or title) <u>Deputy Coroner</u>	22b. ADDRESS <u>1300 Clark</u>	22c. DATE SIGNED <u>1/19/62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>P.R. REMOVAL</u>	23b. DATE <u>1/20/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LOCAL CEM. MINNEAPOLIS</u>	23d. LOCATION (City, town, or county) (State) <u>MINNESOTA</u>
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24. FUNERAL DIRECTOR <u>Dupont's</u>	ADDRESS <u>7233 Delmar Blvd.</u>	25. DATE RECD. BY LOCAL REG. <u>JAN 19 1962</u>	26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

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 *William H. ...*

Licensed Embalmer No. 3307

P. O. Address *...*

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.