

AUG - 5 1937

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**City **St. Louis**(No. **City Hospital No. 1**)File No. **25275**Registered No. **6449**

St. .... Ward)

C. 4419

## 2. FULL NAME

**Helen Reinschmidt**(a) Residence, No. **1857 South 13th st., 23** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

Geo. Reinschmidt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April-9th. 1908.**

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.

29

2

22

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

hwk

9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.

at home

10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation.12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

St. Louis, Mo.

FATHER

13. NAME **Conrad Rennerl**14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)? **St. Louis, Mo.**

MOTHER

15. MAIDEN NAME **Katherine Eckert**16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)**St. Louis, Mo.**17. INFORMANT **Hosp; Info M. Kent**

(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE **S. Peter-Paul** DATE **July-5-** 19 **37**19. UNDERTAKER **Wacker-Helderle**  
(ADDRESS) **2331 S. 13th St.**20. FILED **JUL 8 1937****J. Bredeck**  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7 / 1 / 37**, 1922. I HEREBY CERTIFY, That I attended deceased from  
**6/30/37**, 19, to **7/1/37**, 19.I last saw h. **hen** alive on **8/1/37**, 19. Death is saidto have occurred on the date stated above, at **10.20 P**

The principal cause of death and related causes of importance were as follows:

*Pulmonary th.*

Date of onset

Other contributory causes of importance:

*Pneumonia, broncho.*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) **E. P. Reh, M. D.**, M. D.(Address) **City Hospital No. 1**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

