

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

Do not use this space.

19778

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

File No. ....

Township.....

Primary Registration District No. **1003**

Registered No. **5501**

City **St. Louis** (No. **1244 N. Kingshighway**) St. .... Ward)

**2. FULL NAME**

**Eathy Minnie Rheinecker**

(a) Residence No. **1244 N. Kingshighway 12** Ward.

(Usual place of abode)

(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-OR (OR) WIFE OF **John Rheinecker**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Mar. 22, 1900**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**27** | **2** | **21**

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work **Home**  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Alto Pass**  
(STATE OR COUNTRY) **Illinois**

10. NAME OF FATHER **H. R. Spain**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Illinois**  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Alice Unewood**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Alto Pass**  
(STATE OR COUNTRY) **Illinois**

14. INFORMANT **John A. Rheinecker**  
(Address) **1244 N. Kingshighway**

15. FILED **JUN 14 1927** **Max Starkoff**  
19.....

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 13, 1927**

17. I HEREBY CERTIFY, That I attended deceased from **June 10**, 19**27**, to **June 13**, 19**27**  
that I last saw b. alive on **June 13**, 19**27** and that death occurred, on the date stated above, **June 13** a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Sarabates Urea Mellitus**

CONTRIBUTORY (SECONDARY) **57** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **Emory Ross** M. D.

, 19 (Address) **1918 Grand Ave.**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Memorial Park** DATE OF BURIAL **June 15, 1927**

20. UNDERTAKER **Drehmann Haral** ADDRESS **Union**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

REGISTERED

No: C 4000

1918 E Grand Ave

Calfax 2870

8-9 am

1-3 pm

7-8 pm

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