

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

30963

Do not use this space.

1. PLACE OF DEATH **12 1938**

(a) County **1** Registration District No. **791**

(b) Township **1** Primary Registration District No. **1003** Registered No. **8400**

(c) City **St. Louis, Missouri** Street No. **City Sanitarium** St.

(e) Length of residence in city or town where death occurred **59** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Peter Rheinnecker 526**

(a) Residence, No. **3517 Michigan Ave.** St. **16** (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Rheinnecker Widower			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16, 1860			
7. AGE YEARS 77	MONTHS 11	DAYS 10	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Huckster		
	9. Industry or business in which work was done, as saw mill, bank, etc. Huckster		
	10. Date deceased last worked at this occupation (month and year) 1935		
		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany			
FATHER	13. NAME Unknown		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany		
MOTHER	15. MAIDEN NAME Unknown		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany		
17. INFORMANT (ADDRESS) W. Gansloser, M.D. 5400 Arsenal St.			
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Sept. 28th, 1938			
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ziegler Bros. 2623 Cherokee Street.			
20. FILED SEP 26 1938 P. J. Brudek Local Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9-25-38**, 19

22. I HEREBY CERTIFY, That I attended deceased from **9-12-38**, 19, to **9-25-38**, 19.

I last saw him alive on **9-25-38**, 19. Death is said to have occurred on the date stated above, at **5:45 P.M.**

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

Date of onset

Broncho-pneumonia 9-22-38

Other contributory causes of importance:

Arteriosclerotic Heart disease

Compensating (onset?)

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) **W. Gansloser**, M. D.

(Address) **5400 Arsenal**

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.

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,

Vearl E. Morris.

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

V E Morris

Licensed Embalmer No.

3360

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 this body is not embalmed, above space should be left blank.