

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

DEC 22 1941 791

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 9441

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Anthony Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days
(Specify whether

In this community unknown
year, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3644 A Marceline Terrace
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Estelle Rhein

3. (b) If veteran, name war --

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased September 21 1869
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|----------|----------------------|
| <u>72</u> | <u>2</u> | <u>6</u> | hr. _____ min. |

9. Birthplace Nashville Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER { 12. Name unknown

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant L. B. Rhein

(b) Address 5623 Gresham Ave.

17. (a) Cremation (b) Date thereof 11-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Walter Helander & Sons Co.

(b) Address 3634 Gravois Ave.

19. (a) NOV 28 1941 (b) J. F. Medlock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 27
year 1941 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1 - 1941
to Nov. 27 1941
that I last saw her alive on Nov. 27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Ch. nephritis
Ch. myocarditis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury Auto

23. Signature R. Berg (M. D. or other) _____
Address 2253 Webster Date signed 11/27/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Robert Wheeler*.....
Licensed Embalmer No. *2178*
P. O. Address. *St. Louis, Mo.*

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, fact should be so stated above.