No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42874

Registration District No. #63589 318

Primary Registration District No. 1003

Registrar's No. 10584

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.

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

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

In this community Life time

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 5916 Washinhton Ave., (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARY EVELYN RINES

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased September 19, 1874, (Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 20 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At home.

11. Industry or business

FATHER 12. Name Edward Rines,

FATHER 13. Birthplace Louisville, (City, town, or county) Kentucky, (State or foreign country)

MOTHER 14. Maiden name Mary Hagen,

MOTHER 15. Birthplace New York, (City, town, or county) New York, (State or foreign country)

16. (a) Informant Mrs. J. W. Vass,

(b) Address 4001 Washington Ave.,

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/12.46 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Mortuary,

(b) Address 4161 Lindell Blvd.

19. (a) DEC 10 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9th year 1946 hour 7:50 minute A M.

21. I hereby certify that I attended the deceased from 12/4/46, 19, to Dec. 9th, 19 46 that I last saw her alive on Dec. 9th, 19 46 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro-Vascular Accident — Duration 5 days

Due to Arteriosclerosis & Hypertension

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Elliot H. Bradner (M.D. or other)

Address 1515 Lafayette Date signed 12/9/46

(Licensed Embalmer's Statement on Reverse Side)

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 R. T. Sangster

Licensed Embalmer No. 4290

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.