S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19289

FILED MAY 22 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4861

1. PLACE OF DEATH:

(a) County: St Louis

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

(c) Name of hospital or institution: De Paul
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)

In this community: 999

2. USUAL RESIDENCE OF DECEASED:

(a) State: ILLINOIS (b) County: St CLAIR 11

(c) City or town: BELLEVILLE 0
(If outside city or town limits, write "RURAL")

(d) Street No.: 3525 W. MAIN
(If rural, give location)

(e) Citizen of foreign country? NR (Yes or No) 2

If yes, name country:

3. (a) PRINT FULL NAME: GEORGE W RINCK

3. (b) If veteran, name war: W.W #1

3. (c) Social Security No.:

4. Sex: MALE

5. Color or race: WHITE

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

6. (b) Name of husband or wife: LUCILLE MILLER

6. (c) Age of husband or wife if alive: 37 years

7. Birth date of deceased: FEB (Month) 22 (Day) 1896 (Year)

8. AGE: Years 51 Months 2 Days 21 If less than one day ... hr. ... min.

9. Birthplace: BELLEVILLE (City, town, or county) ILLINOIS (State or foreign country) 1

10. Usual occupation: WHOLESALE FOOD DEALER

11. Industry or business: OWN BUSINESS

MOTHER FATHER

12. Name: JOHN RINCK

13. Birthplace: BELLEVILLE (City, town, or county) ILL. (State or foreign country) 1

14. Maiden name: AUGUSTA CHENOT

15. Birthplace: BELLEVILLE (City, town, or county) ILL (State or foreign country) 1

16. (a) Informant: Eugene Rinck

(b) Address: 229 So Penn Ave. Belleville Ill

17. (a) Burial, cremation, or removal: Burial (b) Date thereof: MAY 14 1947 (Month) (Day) (Year)

(c) Place: burial or cremation: GREEN MOUNT

18. (a) Signature of funeral director: George Renner

(b) Address: Belleville Illinois

19. (a) Date received (Registrar): MAY 14 1947 (b) Registrar's signature: J. F. Bredeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1947 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Edema	
Pulmonary Congestion	
Due to: Arteriosclerosis Hypertensive Cardiovascular	
Due to: gall bladder Cholecystitis Cholelithiasis	
Other conditions (Include pregnancy within 3 months of death): Died May 13, 1947	
No Stones	

Major findings:
Of operations:
Of autopsy: NO

PHYSICIAN — Underline the cause of 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: Alfred Perry (M. D. or other)

Address: Dept of Coroner Date signed: 5/14/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 28 1948

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 Not Embalmed, Registered Apprentice No.....,
working under my personal supervision.

Signed Geo. Renner

Licensed Embalmer No. 2314

P. O. Address.....

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.