300
0-47
7-39
3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 14 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38577

Registrar's No. 10573

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Barnes Hospital,
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County

(c) City or town Granite City
(If outside city or town limits, write "RURAL")

(d) Street No. 2621 East 24th Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Henry W. Rinne

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

3. (c) Social Security No. 333-03-1025

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lena Rinne

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased April (Month) 29 (Day) 1878 (Year)

8. AGE: Years 70 Months 7 Days 5 If less than one day ____ hr. ____ min.

9. Birthplace New Minden, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business Granite City Steel

12. Name Fred Rinne

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

14. Maiden name Matilda Rasche

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

16. (a) Informant Mrs Rinne Lena

(b) Address 2621 E 24th Street

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 4, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill, Edwardsville, Ill.

18. (a) Signature of funeral director Frank Mercer

(b) Address Granite City Illinois

19. (a) DEC 6 1948 (Date received local registrar) (b) J. B. Lechter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4 year 1948 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from ____, 19____, to December 4, 1948 that I last saw him alive on December 4, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Cardiac decompensation with

Due to arteriosclerotic heart disease

Due to

Other conditions Emphysema
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

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 H R Bradley (M. D. or other)

Address Barnes Hospital Date signed

(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 Charles E Mercer

Licensed Embalmer No. 2988

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.

17301

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Illinois, } ss.
County of Madison }

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 38571
Local Registrar's No. 10573

On this 31st day of December, 1948, before me appears Mrs. Lena Rinne, who, upon her oath, states that the original record of ~~birth~~ death for Henry W. Renne ~~born~~ died 12-4-, 1948, in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 6B should read Lena Rinne
Instead of Leona "

Item No. 16a should read Mrs. Lena Rinne
Instead of Mrs. Renne

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

RECEIVED JAN 3 - 1949 ST. LOUIS BUREAU OF VITAL STATISTICS

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Lena Rinne
Relationship. widow

2621 E 24th Granite City, Ill
Present Address.

Subscribed and sworn to before me this 31st day of Dec, 1948.

My Commission expires Dale G. Hyde Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667