

FILED MAY 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17626

State File No. 4133

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Afton</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>9352 Rambler Drive</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u>		b. (Middle) <u>John</u>		c. (Last) <u>Rheinheimer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-3-1949</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>October 10th, 1902</u>			
9. AGE (In years last birthday) <u>46</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>A. and P. Bakery Co</u>		11. BIRTHPLACE (State or foreign country) <u>9</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Harry Reinheimer</u>		13b. MOTHER'S MAIDEN NAME <u>Phillipina Cimmer</u>		14. NAME OF HUSBAND OR WIFE <u>Ernestine</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-01-7414</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ernest Rheinheimer</u>		ADDRESS <u>9352 Rambler Drive Afton Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardia</u>				ANTECEDENT CAUSES <u>Malignant Hypertension</u>					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Cardiac enlargement, hypertrophy</u>				II. OTHER SIGNIFICANT CONDITIONS <u>Calcification & chronic pulmonary congestion</u>					
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>952</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>HSA 3</u>					
22. I hereby certify that I attended the deceased from <u>1-28-1949</u> , to <u>5-3-1949</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>3:30 Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Arton P. Hallen MD</u> (Degree or title)				23b. ADDRESS <u>6826 Natural Bridge</u>		23c. DATE SIGNED <u>5-4-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-6-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>7801 Gravois Ave Mo</u>			
DATE REC'D BY LOCAL REG. <u>MAY 5 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Rosater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ziegenhein Bros 6409 Gravois Ave</u>					

(Licensed Embalmer's Statement (on Reverse Side))

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Henry M. Brammer

Licensed Embalmer No.

4200

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, fact should be so stated above.

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

State of Mo
County of St Louis } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 17626 4/7
Local Registrar's No. 4033

AFFIDAVIT FOR CORRECTION OF A RECORD

On this..... day of....., 194....., before me appears.....

....., who, upon his oath, states that the original record of ^{birth} death
for Walter John R. Rheinheimer died May 3....., 1949, in the State of
Missouri, and which was filed at St Louis on May 5, 1949, should be corrected as follows:

Item No. 3 should read Walter John Rheinheimer

Instead of Walter Rheinheimer

Item No. 17 should read Ernestine Rheinheimer

Instead of Ernest "

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

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

(SEAL)

* Affiant ZIEGENHEIN BROS. L & U. CO. Relationship.
By William Decker
6409 Yarrow Present Address.

Subscribed and sworn to before me this 27 day of September, 1949.

My Commission expires 3-4-53 Wm C Paddock Notary Public.

