

FILED JUL 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26259

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6949

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION DE PAUL HOSP.		d. STREET ADDRESS (If rural, give location) 3 6539 Devonshire Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Ellen c. (Last) Rinehart			4. DATE OF DEATH (Month) (Day) (Year) July 17th, 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct. 9th, 1865		9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Evansville, Ind.	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Frank Wright		13b. MOTHER'S MAIDEN NAME Ellen Neumann		14. NAME OF HUSBAND OR WIFE Chas. A. Rinehart	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chas. A. Rinehart 6539 Devonshire	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ch. Myocarditis & Ch. Nephritis		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 59.2X	

22. I hereby certify that I attended the deceased from **May 1951**, to **July 17, 1952**, that I last saw the deceased alive on **July 17, 1952** and that death occurred at **6:12 pm**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Regene J. Kohler MD		23b. ADDRESS 4468 Delmar		23c. DATE SIGNED 7/18/52	
24a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify)		24b. DATE 7/21/52		24c. NAME OF CEMETERY OR CREMATORY Valhalla	
		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			

DATE RECD BY LOCAL REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kraeger-Benwick 3402 N. Kingshighwa	
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(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 *Thomas R. Fenwick*

Licensed Embalmer No. 3793

P. O. Address 3402 N. Kingshighway

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.