

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36780**
Registrar's No. **9625**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo.	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 17 4059 Detony	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1			

3. NAME OF DECEASED (Type or Print) a. (First) Nancy b. (Middle) Ellen c. (Last) RINHART			4. DATE OF DEATH (Month) (Day) (Year) OCT. 17, 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH Sept. 15 1871		9. AGE (In years last birthday) 81		10. CITIZENSHIP (If under 1 year) (If under 2 years) (If under 3 years) (If under 4 years) (If under 5 years) (If under 6 years) (If under 7 years) (If under 8 years) (If under 9 years) (If under 10 years) (If under 11 years) (If under 12 years) (If under 13 years) (If under 14 years) (If under 15 years) (If under 16 years) (If under 17 years) (If under 18 years) (If under 19 years) (If under 20 years) (If under 21 years) (If under 22 years) (If under 23 years) (If under 24 years) (If under 25 years) (If under 26 years) (If under 27 years) (If under 28 years) (If under 29 years) (If under 30 years) (If under 31 years) (If under 32 years) (If under 33 years) (If under 34 years) (If under 35 years) (If under 36 years) (If under 37 years) (If under 38 years) (If under 39 years) (If under 40 years) (If under 41 years) (If under 42 years) (If under 43 years) (If under 44 years) (If under 45 years) (If under 46 years) (If under 47 years) (If under 48 years) (If under 49 years) (If under 50 years) (If under 51 years) (If under 52 years) (If under 53 years) (If under 54 years) (If under 55 years) (If under 56 years) (If under 57 years) (If under 58 years) (If under 59 years) (If under 60 years) (If under 61 years) (If under 62 years) (If under 63 years) (If under 64 years) (If under 65 years) (If under 66 years) (If under 67 years) (If under 68 years) (If under 69 years) (If under 70 years) (If under 71 years) (If under 72 years) (If under 73 years) (If under 74 years) (If under 75 years) (If under 76 years) (If under 77 years) (If under 78 years) (If under 79 years) (If under 80 years) (If under 81 years) (If under 82 years) (If under 83 years) (If under 84 years) (If under 85 years) (If under 86 years) (If under 87 years) (If under 88 years) (If under 89 years) (If under 90 years) (If under 91 years) (If under 92 years) (If under 93 years) (If under 94 years) (If under 95 years) (If under 96 years) (If under 97 years) (If under 98 years) (If under 99 years) (If under 100 years)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. James Mo.	
12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Curtis Glenn		13b. MOTHER'S MAIDEN NAME Missouri Vaughn		14. NAME OF HUSBAND OR WIFE Ulyssus (Deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John H. Rinehart 4339 Ellenwood	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Renal failure		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____			
DUE TO (c) Arteriosclerosis		II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease					
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 446x	

22. I hereby certify that I attended the deceased from **9-6-52**, 19___, to **10-17-52**, 19___, that I last saw the deceased alive on **10-17-52**, 19___, and that death occurred at **2:00A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Albert C. Stock M.D.		23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 10-17-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/20/52		24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	
				24d. LOCATION (City, town, or county) (State) St. James Mo.	

DATE REC'D BY LOCAL REG. OCT 20 1952		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Schumacher 3013 Meramec	
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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 Jack Haupt

Licensed Embalmer No. 4776

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.