

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3416**

FILED FEB 9 1955

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **548** Registrar's No. **212**

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBSTER GROVES		c. CITY OR TOWN WEBSTER GROVES 4607	
c. LENGTH OF STAY (In this place) 35 YRS.		d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION 746 LUCILLE PLACE		e. STREET ADDRESS (If rural, give location) 746 LUCILLE PLACE	

3. NAME OF DECEASED (Type or Print) a. (First) LULA b. (Middle) BELLE c. (Last) RINEHART			4. DATE OF DEATH (Month) (Day) (Year) JAN. 27 1955		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH SEPT. 13, 1879		9. AGE (In years last birthday) 75		10. IF UNDER 1 YEAR Months 7 Days 0 Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) CASS COUNTY MICH.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Wm. NOYSE		13b. MOTHER'S MAIDEN NAME ALICE TAYLOR		14. NAME OF HUSBAND OR WIFE CHAS. J. 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 FRED B. RINEHART 900 SCOTT AVE KIRKWOOD	

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 Myocarditis		Cerebral Thrombosis		1-2 days	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		Years	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerotic Vascular Disease			
		DUE TO (c) Senility			
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) 4221	
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?	

22. I hereby certify that I attended the deceased from **Aug 8, 1939** to **Jan 27, 1955**, that I last saw the deceased alive on **Jan 26, 1955**, and that death occurred at **6:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Hubert R. Dombke M.D.		23b. ADDRESS 204 E. Big Bend		23c. DATE SIGNED 1-28-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL VIA RAIL		24b. DATE 1-29-55		24c. NAME OF CEMETERY OR CREMATORY OAKLAWN CEM.	
24d. LOCATION (City, town, or county) (State) RICHLAND MO.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MUTTELBERG FUNERAL HOME, Inc. WEBSTER GROVES, MO.			
DATE REC'D BY LOCAL REG. 1-28-55		REGISTRAR'S SIGNATURE Hubert R. Dombke M.D.			

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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, ~~on~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Elmer R. Gadwell*.....

Licensed Embalmer No. *4087*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.