

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28084**
7318

FILED SEP 8 1955

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY			
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis,	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 3730 Wyoming St.		e. STREET ADDRESS (If rural, give location) 16 3730 Wyoming St.			
3. NAME OF DECEASED a. (First) CHARLES b. (Middle) E. c. (Last) RHEINHEIMER			4. DATE OF DEATH (Month) (Day) (Year) Aug. 21, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb. 16, 1884		9. AGE (In years last birthday) 71		10. MONTHS 7 11. DAYS 1 12. HOURS 1 13. MIN. 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor retd 6yrs		10b. KIND OF BUSINESS OR INDUSTRY Union May Stern		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME John P. Rheinheimer		13b. MOTHER'S MAIDEN NAME Octavia Cheaumont	
13c. NAME OF HUSBAND OR WIFE Johanna Rheinheimer		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Johanna Rheinheimer-3730 Wyoming St.		ADDRESS _____			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH Immediate
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) 420.1	
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 _____	
22. I hereby certify that I attended the deceased from 8/21 , 19 55 , to 8/21 , 19 55 , that I last saw the deceased alive on 8/21 , 19 55 , and that death occurred at 4:45 p.m., from the causes and on the date stated above.					
23a. SIGNATURE J. M. Barker M.D.		23b. ADDRESS 1506 S. Jefferson		23c. DATE SIGNED 8/21/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug. 24, 1955		24c. NAME OF CEMETERY OR CREMATORY Resurrection	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		DATE REC'D BY LOCAL REG. AUG 22 1955		REGISTRAR'S SIGNATURE Charles Smith	
25. FUNERAL DIRECTOR'S SIGNATURE W. Riegshausen		ADDRESS 4228 S. Kingshighway Bl.			

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

X

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.....
Signature of Student Embalmer

Signed *William B. White*.....

Licensed Embalmer No. *429*

P. O. Address *228 So. King*

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.