

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registered District No. **1003**

City **St. Louis Mo.** (No. **3622 Cottage Ave. St.**)

Ward **11**

File No. **29027**

Registered No. **8533**

St.

Ward)

**2. FULL NAME** **Albert E. Rhinshart**

(a) Residence. No. **3622 Cottage Ave. St.** Ward **11**

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

(If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

**Male**

**4. COLOR OR RACE**

**White**

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

**Married**

**5A. IF MARRIED, WIDOWED, OR DIVORCED**

HUSBAND OF (OR) WIFE OF

**Lillian C. Rhinshart**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

**Oct 8 - 1858**

**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, ..... hrs. or ..... min.

**68**

**10**

**15**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

**Night Watchman**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

**Union**

(STATE OR COUNTRY)

**Mo**

**10. NAME OF FATHER**

**F. M. Rhinshart**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

**Germany**

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

**Paulidin**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

**Germany**

(STATE OR COUNTRY)

**14.**

INFORMANT (Address)

**E. F. Rhinshart  
3148 Magentia Ave**

**15.**

FILED

19

**May C. Stankoff  
REGISTER**

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

**Aug. 23 1928**

**17.**

I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

that I last saw him alive on ..... 19....., and that death occurred, on the date stated above, at **J. A.** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Chronic Myocarditis**  
**930**

(duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

**Wma**

(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

**19. DID AN OPERATIVE PRECEDE DEATH? DATE OF**

WAS THERE AN AUTOPSY? **No**

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) **R. J. Witt**, M. D.

1928 (Address) **Coroner**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

**Union Mo.**

**8-25 1928**

**20. UNDERTAKER**

**ADDRESS**

**Horn Undertaking Co.**

**Union Mo**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

