

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

Do not use this space.

40554

PLACE OF DEATH

County St. Louis
Township St. Ferdinand
City Forest View (No. 7645)

Registration District No. 784

Primary Registration District No. 6030

File No. _____

Registered No. _____

2. FULL NAME Harry S. Rein

(a) Residence. No. 7645 Forest View St., _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

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.

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 Louise Rein

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 26 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
58 11 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Chairman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer St. Louis Stock Exchange

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Fredrick Rein

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Johanna Krebs

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) France

14. INFORMANT Mrs. Louise Rein
(Address) 7645 Forest View Drive

15. FILED Jan 25, 1930 D. Carl J. Koontz
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 22 1930

17. I HEREBY CERTIFY, That I attended deceased from June 8, 1928 to December, 1930
that I last saw him alive on Dec 22, 1930, and that death occurred, on the date stated above, at 12:33 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

107A Acute Myocarditis
93A

CONTRIBUTORY (SECONDARY) Broncho pneumonia (duration) yrs. mos. 4 ds.

(duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED 9015
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

WAS THERE AN AUTOPSY? none

WHAT TEST CONFIRMED DIAGNOSIS? Special Lab. Indury 2
(Signed) Dr. H. B. ... M. D.

12-22-1930 (Address) 7645 Forest View Drive

*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 Yakhalia DATE OF BURIAL Dec 24 1930

20. UNDERTAKER Wm. L. ... ADDRESS 2107 N. Grand

N. 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.

