

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

Do not use this space.

24878

File No. *7049*

Registered No. *7049*

**1. PLACE OF DEATH**

County ..... Registration District No. *791*  
 Township ..... Primary Registration District No. *703*  
 City *St. Louis* (No. *Lindell Tower Apts.*) St. .... Ward) *19*

**2. FULL NAME**

*Herman Fredericks Rein*  
 (a) Residence, No. *Lindell Tower Apts. St.* Ward. ....  
 (Usual place of abode) *3745 Lindell* (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 *Clara Marshall Rein*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *2-14-1879*  
 7. AGE YEARS *53* MONTHS *5* DAYS *14* If LESS than 1 day, ..... hrs. or ..... min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Cashier*  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *First Nat. Bank*  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) *St. Louis* (STATE OR COUNTRY) *Mo.*

13. NAME *Herman Fredericks Rein*

14. BIRTHPLACE (CITY OR TOWN) *St. Louis* (STATE OR COUNTRY) *Mo.*

15. MAIDEN NAME *Johanne E. Krebs*

16. BIRTHPLACE (CITY OR TOWN) *St. Louis* (STATE OR COUNTRY) *Mo.*

17. INFORMANT (ADDRESS) *Mrs. Clara Rein Lindell Tower Apts.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Walsh Hallam* DATE *July 30* 19*32*

UNDERTAKER (ADDRESS) *Alexander & Sons 617 S. Delaware*

20. FILED *74 29 1932* *Mar E. Starkey* Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 28* 19*32*

22. I HEREBY CERTIFY That I attended deceased from *Jan 5<sup>th</sup>* 19*32* to *July 28* 19*32*  
 Last saw him alive on *July 28* 19*32* Death is said to have occurred on the date stated above, at *5:30 a.m.*  
 The principal cause of death and related causes of importance were as follows:

*Amygdalotomy*  
*of aorta*  
 Date of onset *year*

Other contributory causes of importance: *96*

Name of operation ..... Date of .....  
 What test confirmed diagnosis? *Ray* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
 If so, specify *Arthur J. ... M. D.*  
 (Signed) *Arthur J. ... M. D.*  
 (Address) *222 ... St*

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.

WHILE FILING WITH UNFADING INK—THIS IS A PERMANENT RECORD

Handwritten text at the top left corner, possibly a name or number.

Handwritten mark or symbol at the top center.

Vertical handwritten text on the right side of the page.

