

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

Do not use this space.

113

**1. PLACE OF DEATH**

County St. Louis  
Township Platteville  
City St. Louis

Registration District No. 903  
Primary Registration District No. 6213

File No. 43052  
Registered No. 28  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred Life mos. \_\_\_\_\_ ds. \_\_\_\_\_ How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sam Rinehart</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb. 10, 1870</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>10</u>
	DAY <u>0</u>	IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer). \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Attentdale  
(STATE OR COUNTRY) \_\_\_\_\_

10. NAME OF FATHER Joseph Cobb  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Indians  
(STATE OR COUNTRY) \_\_\_\_\_  
12. MAIDEN NAME OF MOTHER Ramie Miller  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Indians  
(STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Gladys Rinehart  
(Address) Grant City Mo

15. FILED 12/12/32 John Andrews  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 10  
17. I HEREBY CERTIFY, That I attended deceased from July, 1932 to Dec 10, 1932  
that I last saw him alive on Dec 9, 1932, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Dissection  
46 (duration) yrs. 0 mos. 0 ds.  
CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH ✓  
DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? NO  
WHAT TEST CONFIRMED DIAGNOSIS? Phys & Physical Findings  
(Signed) R. J. Rouse, M. D.  
Address Grant City Mo.

\*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 Honey Grove Cem. DATE OF BURIAL 12/12 1932  
20. UNDERTAKER Arch C. Dumble ADDRESS Grant City

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.

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

