

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

Do not use this space.

35168

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1000
 City St. Louis (No. 3812) O'Meara St

File No.....
 Registered No. 9381
 St. Ward)

2. FULL NAME

Mrs Emma Rhein
 (a) Residence, No. 3812 O'Meara St., 15 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 Female 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 Bruno Rhein

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 7 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

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

FATHER 13. NAME Otto Belle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Romia Buckstaller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

17. INFORMANT (ADDRESS) Bruno Rhein
3812 O'Meara St

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cew DATE Oct 31 1933

19. UNDERTAKER (ADDRESS) Funerary Society
2222 N. Grand Blvd

20. FILED 601 30 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 15 1933 to Oct 28 1933
 I last saw him alive on Oct 28 1933 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset ??
Chronic Nephritis ??
 Other contributory causes of importance: Hypertension ?

Name of operation none Date of.....
 What test confirmed diagnosis? None 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? no
 If so, specify.....
 (Signed) E. H. Grand M. D.
 (Address) 5747 N. Grand Blvd

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.

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WHILE TRAINING WITH ON-TRADING IMPROVEMENT IS A PERMANENT RECORD

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