

MAR 1 5 1935

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 Registration District No. **1003**
City St. Louis (No. 5909 Page Page) St. Ward) **6821**
Registered No. **1210**

2. FULL NAME

Dolores V. Rinehart.

(a) Residence, No. 5909 Page St. 6 Ward. (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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Monroe Rinehart.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5, 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day. hrs. or min.
70 2 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at. Home
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) Canada. (STATE OR COUNTRY)

MOTHER FATHER 13. NAME Charles Cook.

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

MOTHER 15. MAIDEN NAME Mary - Unknown -

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

17. INFORMANT Harry Rinehart (ADDRESS) 5909 Page Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Feb. 5, 1935

19. UNDERTAKER Shepard Funeral Home (ADDRESS) 01167-49 Hamilton Ave

20. FILED FEB 11 1935 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1935 to Feb 2, 1935

I last saw h. W.D. drive on Feb 10, 1935 Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

Cancer of breast with metastasis to lungs 1933
1934

Other contributory causes of importance:

Name of operation Amputation Breast Date of March 1, 1934

What test confirmed diagnosis? Was there an autopsy?

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 Hatter's Blast

(Signed) Hatter's Blast, M. D.

(Address) 6635 W. Glomar

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.

THIS IS A PERMANENT RECORD

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