DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34286

Registration District No. 1791 1005

Primary Registration District No.

Registrar's No. 8824

REGD NOV 13 1939

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5127 Cote Brillant
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1 6

(c) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL")

(d) Street No. 5127 Cote Brillant
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ernest S. Rhyne

3. (b) If veteran, name war None

3. (c) Social Security No. 497-09-3891

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Maude Rhyne

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased August 27, 1885. (Month) (Day) (Year)

8. AGE: Years 54 Months 1 Days 18 If less than one day hr. min.

9. Birthplace Schaals (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Automobile Industry

MOTHER FATHER

12. Name James Rhyne

13. Birthplace Schaals (City, town, or county) Missouri (State or foreign country)

14. Maiden name Rosie Brewer

15. Birthplace Perryville (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Mrs. Maude Rhyne

(b) Address 1210 Aubert Ave.,

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/17/39 (Month) (Day) (Year)

(c) Place: burial or cremation Brazeau Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) OCT 16 1939 (Date received local registrar) (b) J. E. Buschek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 1 day 15 year 1939 hour 9 minute 47 P. M.

21. I hereby certify that I attended the deceased from General 2nd, 1939, to October 15, 1939 and that I last saw him alive on October 11, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Sinus Arrhythmia (SINUS ARRHYTHMIA)

Due to Arteriosclerosis Fibrosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Holland Hussey (M. D. or other)

Address 3611 W. Florissant Date signed 10/16/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

50M-5-17-39 Rev. 5-17-39 1 X19511

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 35-75

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.