

S. No. 2
1-12-45
7-5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11977
Registrar's No. 630

FILED MAR 25 1947

Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lemay, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 144 West Etta
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 144 West Etta
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jacob Rein
3. (b) If veteran, name war None
3. (c) Social Security No. 498-18-9151

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Rein 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased December 27, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 2 17 hr. min.

9. Birthplace Hungry (City, town, or county) (State or foreign country) 4

10. Usual occupation Plasterer

11. Industry or business _____

MOTHER FATHER { 12. Name John Rein 4
13. Birthplace Hungry
14. Maiden name Katherine Lach (State or foreign country) 4
15. Birthplace Hungry (City, town, or county) (State or foreign country) 4

16. (a) Informant Mrs. Elizabeth Rein 4

(b) Address 144 W. Etta, Lemay, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-47 (Month) (Day) (Year)
Mt. Hope Mausoleum

(c) Place: burial or cremation Southern Und. Co.

18. (a) Signature of funeral director 6322 S. Grand.
(b) Address

19. (a) 3-20-47 (Date received local registrar) (b) Arthur G. Allen (Registrar's signature) MSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th
year 1947 hour 11:20 minute P. M.

21. I hereby certify that I attended the deceased from 18 December, 1946, to 16 March, 1946;
that I last saw him alive on 16 March, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis Duration 1/2 hr
Due to Chronic Hepatitis 10 yrs?

Due to Arteriosclerosis and Hypertension 10 yrs

Other conditions: 131 lbs
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature M. D. Bastwick (M. D. or other) M. D.
Address 7529 So. Broadway Date signed Mar 17 47

MAR 26 1927

Dr. Bartnick
7629 Broadway

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... *Albert Mayfield*

Licensed Embalmer No. *3077*

P. O. Address *St. Louis Mo*

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, fact should be so stated above.