S. No. 2
A—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 14 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 49290

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 5609

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 3725 Kossuth Ave
(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

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

(d) Street No. 3725 Kossuth Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John J. Rinne

3. (b) If veteran, name war No

3. (c) Social Security No. 494-10-4627

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Katherine Buchfelder Rinne

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

7. Birth date of deceased Jan. 13, 1886 (Month) (Day) (Year)

8. AGE: Years 61 | Months | Days 22 | If less than one day hr. min.

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

10. Usual occupation Ass't Engineer

11. Industry or business Krey Packing Co.

MOTHER FATHER

12. Name Henry Rinne

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

14. Maiden name Anna Berkmann

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

16. (a) Informant Katherine Rinne

(b) Address 3725 Kossuth Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/47 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) JUN 6 1947 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1947 hour 12 minute 15 p M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw him alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Coronary Thrombosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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 Patrick F. Taylor (M. D. or other)

Address Deputy Coroner Date signed 6-6-47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Mrs.

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 Ben Hoffman

Licensed Embalmer No. 4366

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.