No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3566

FILED FEB 9 1948

Registration District No. 1487 | Primary Registration District No. 6076 | Registrar's No. 348

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Manchester
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Manchester Nursing Home 4
(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: St. Francois 94

(c) City or town: Bonne Terre 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME: Edison B. Rinewalt

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widower

6. (b) Name of husband or wife: Cora Rinewalt

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

7. Birth date of deceased: November (Month) 17 (Day) 1878 (Year)

8. AGE: Years 69 | Months 2 | Days 16 | If less than one day ..... hr. ..... min.

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

10. Usual occupation: Retired

11. Industry or business .....

FATHER
12. Name: Jonathan Rinewalt
13. Birthplace: Pendleton (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name: Genevieve Vilmer
15. Birthplace: Old Mines (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: William Rinewalt
(b) Address: Lincoln Park, Michigan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Bonne Terre, Mo.

18. (a) Signature of funeral director: Albert H. Honne
(b) Address: 4700 Washington Blvd.

19. (a) 2-6-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 3 day ..... year 1948 hour 12 45 A minute ..... A.M.

21. I hereby certify that I attended the deceased from Jan 31, 3, 1948, to Feb 3, 1948, that I last saw him alive on Feb 1, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr. nephritis	
acute cystitis + pyelitis	1 mo.
Due to: Lt. hemiplegia	
Heart arteriosclerosis	
Due to:	
1316	
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: C. H. Denny (M. D. or other) MD
Address: Crane Colo. Date signed: 2-3-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. John S. Kennedy

Licensed Embalmer No. 4194

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. fact should be so stated above.