

FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH35262
State File No. _____

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9125	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN. St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri 2109			
d. FULL NAME OF HOSPITAL OR INSTITUTION residence-4433 a Natural Bridge				d. STREET ADDRESS (If rural, give location) 4433 a Natural Bridge			
3. NAME OF DECEASED (Type or Print) GRACE		a. (First)		b. (Middle)		c. (Last) RINDERKNECHT	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		4. DATE OF DEATH (Month) (Day) (Year) 10 25 50	
8. DATE OF BIRTH Jan. 8, 1909.		9. AGE (In years last birthday) 41		IF UNDER 1 YEAR Months 9 Days 17		IF UNDER 1 YEAR Hours Mins. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) secretary		10b. KIND OF BUSINESS OR INDUSTRY Civil Service		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Rinderknecht		13b. MOTHER'S MAIDEN NAME Helena Bante		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Helena Rinderknecht-4433 Natural Br. ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH ?	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION osteomyelitis				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21f. HOW DID INJURY OCCUR? H22, 2	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from Sept 7, 1950 , to Oct 25, 1950 , that I last saw the deceased alive on Oct 23, 1950 , and that death occurred at 7 A.m. , from the causes and on the date stated above.			
23a. SIGNATURE Frank Juraev M.D. (Degree or title) _____		23b. ADDRESS 1251 Blackstone		23c. DATE SIGNED Oct 25-1950			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10-27-50		24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Missouri	
DATE RECD BY LOCAL REG. Oct 27 1950		REGISTRAR'S SIGNATURE J. B. Barater		25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons-7233 Delmar Blv'd., ADDRESS St. Louis, Missouri.			

(Licensed Embalmer's Statement on Reverse Side)

St. Louis, Missouri.

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Arnold W. Schoene

Signed.....
Student Embalmer

Licensed Embalmer No. *3864*

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.