S. No. 300
v. 10.48

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42740

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10975

1. PLACE OF DEATH
a. COUNTY: 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place): 11 yrs 2
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5928 S Kingshighway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: 2029
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 0
d. STREET ADDRESS (If rural, give location): 5928 S Kingshighway

3. NAME OF DECEASED (Type or Print)
a. (First): Frieda
b. (Middle):
c. (Last): Rheine

4. DATE OF DEATH (Month) (Day) (Year): Dec. 20, 1950

5. SEX: FEMALE 1

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single 0

8. DATE OF BIRTH: Jan. 5, 1886

9. AGE (In years last birthday): 64 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St Louis, Mo. 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Louis Rheine

13b. MOTHER'S MAIDEN NAME: Meta Stelljes

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME: Emma Rheine ADDRESS: 5928 S Kingshighway

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1st 2nd & 3rd Degree Burns of body Mesentric thrombosis Mitral Regurgitation suffered when her clothing became ignited by a piece of hard coal while she was attending to the furnace in the basement of her home at 5928 So Kingshighway Blvd. on Dec 20 1950 at about 100 pm Accident

INTERVAL BETWEEN ONSET AND DEATH: 35%

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 20 50 100 pm

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Ove E9160

22. *I hereby certify that I attended the deceased from* 3, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 530 P. *m., from the causes and on the date stated above.* 16

23a. SIGNATURE (Degree or title): Patrick E. Taylor Coroner

23b. ADDRESS: 1300 Clark

23c. DATE SIGNED: 12 23 50

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 12/23/50

24c. NAME OF CEMETERY OR CREMATORY: N Picker Cemetery

24d. LOCATION (City, town, or county) (State): St Louis, Mo.

DATE REC'D BY LOCAL REG.: DEC 23 1950

REGISTRAR'S SIGNATURE: J. B. Lasater J L

25. FUNERAL DIRECTOR'S SIGNATURE: Ziegenhein & Sons ADDRESS: 7027 Gravois

(Licensed Embalmer's Statement on Reverse Side)

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 W. G. Peterson

Signed.....
Student Embalmer

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.