

FILED AUG 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25696

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 1801

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves</u>		c. LENGTH OF STAY (in this place) <u>14 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>746 Newport</u>		c. CITY OR TOWN <u>Webster Groves</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>746 Newport</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>ALBERT</u>	b. (Middle) <u>WILHELM</u>	c. (Last) <u>RINNE</u>	<u>7-22-1954</u>		

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6-10-1878</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired (with)</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Rinne</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ruhl</u>	14. NAME OF HUSBAND OR WIFE <u>Frances Rinne</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Spanish Amer.</u>	16. SOCIAL SECURITY NO. <u>270-07-7981</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jewell Reed</u>	ADDRESS <u>3144 Gasconade</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis.</u>		<u>6 mos.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Decompensation -</u> DUE TO (c) <u>Pulmonary edema</u>		<u>6 mos.</u> <u>1 day.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Heart Exhaustion -</u>		<u>2 days.</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 14, 1954, to July 22, 1954, that I last saw the deceased alive on July 22, 1954, and that death occurred at 5 1/2 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Victor Reese M.D.</u>	23b. ADDRESS <u>170 E Lockwood Webster Groves Mo.</u>	23c. DATE SIGNED <u>7/23/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7-24-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
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DATE REC'D BY LOCAL RES. <u>7/23/54</u>	REGISTRAR'S SIGNATURE <u>Herbert S. ...</u>	FUNERAL DIRECTOR'S SIGNATURE <u>St. Peter's Home Webster Groves Mo.</u>	ADDRESS <u>...</u>
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No..... 43

P. O. Address..... Webster St.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.