

FILED APR 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10446

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 1698

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional 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>University City Mo</u>		c. LENGTH OF STAY (In this place) <u>1 1/2 years</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City Mo</u>		d. STREET ADDRESS (If rural, give location) <u>7357 Northman Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7357 Northman Ave</u>		e. STREET ADDRESS (If rural, give location) <u>7357 Northman Ave</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>WHITCOMB</u> c. (Last) <u>RINN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 24 1955</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>May 6-1894</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR: Months <u>10</u> Days <u>18</u> Hours <u>1</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Railroad Worker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hampshire Lee</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Wm Rinn</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Klein</u>		14. NAME OF HUSBAND OR WIFE <u>Emelia Rinn Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>709-10-8222</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Doreen Tate 7357 Northman Ave</u>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES <u>Coronary Sclerosis</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <u>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May 1, 1955 to March 24, 1955, that I last saw the deceased alive on Mar. 23, 1955, and that death occurred at 9 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>H.B. Jarow M.D.</u> (Degree or title)		23b. ADDRESS <u>539 N. Grand Bl. St. Louis</u>		23c. DATE SIGNED <u>3/25/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>May 25-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cleopatra Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>					

DATE REC'D BY LOCAL REG. <u>3/25/55</u>		REGISTRAR'S SIGNATURE <u>Hebert B. Jarow</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. J. Doreen 6536 Clay Co Rd</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 2 1955

✓ 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
Student Embalmer

Signed Paul A. Wachter

Licensed Embalmer No. 4787

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.