

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13808**
Registrar's No. **3201**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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) **St. Louis** c. LENGTH OF STAY (in this place) _____
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **3619 So Spring**
No. STREET ADDRESS **3619 S Spring** (If rural, give location) **2169**

3. NAME OF DECEASED
a. (First) **PETER** b. (Middle) _____ c. (Last) **REINING**
4. DATE OF DEATH **4-7-1955** (Month) (Day) (Year)

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED (Specify) **Married**
8. DATE OF BIRTH **10-28-1876** 9. AGE (In years last birthday) **78** Months **5** Days **10** Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) **Retired** 10b. KIND OF BUSINESS OR INDUSTRY **Sta. Eng.**
11. BIRTHPLACE (City and State or Foreign Country) **St. Louis Mo** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Peter Reining** 13b. MOTHER'S MAIDEN NAME **Margaret Hell** 14. NAME OF HUSBAND OR WIFE **Stella Negey Reining**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or known) **No** (If yes, give year or dates of service) **No** 16. SOCIAL SECURITY NO. **None**
17. INFORMANT'S SIGNATURE OR NAME **Stella Reining** ADDRESS **3619 A So Spring**

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.
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 (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH **2 years**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **4222**

22. I hereby certify that I attended the deceased from **4-8**, 19**55**, to **4-7**, 19**55**, that I last saw the deceased alive on **4-7**, 19**55**, and that death occurred at **4 P** m., from the causes and on the date stated above.

23a. SIGNATURE **John H. Smith** (Degree or title) _____ 23b. ADDRESS **3739 Brown** 23c. DATE SIGNED **4-9-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) _____ 24b. DATE **4-11-1955** 24c. NAME OF CEMETERY OR CREMATORY **Bethany Cem.** 24d. LOCATION (City, town, or county) (State) **St. Louis Mo**

DATE REC'D BY LOCAL REG. **APR 11 1955** REGISTRAR'S SIGNATURE **J. Carl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **WINGBERMUEHLE F.H.** ADDRESS **3819 So Grand Blvd**

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 *George J. Angermuth*
.....

Licensed Embalmer No. *461*
.....

P. O. Address *Ham*
.....

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.