MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

36000

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1323

City Buchanan ST. JOSEPH (No. 1602 Seymore Street St. Ward)

2. FULL NAME Stephen Rehm

(a) Residence. No. 1602 Seymore Street St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. 10 mos. 5 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Maggie Rehm

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Febr.19.1871.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
56	10	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer): C B & Q R R
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph, (STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER: Leonard Rehm
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER: Elizabeth Weazenor
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Germany

14. INFORMANT David Rehm (Address) 1602 Seymore Street

15. FILED DEC 26 1927 John G. Wh[illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December.24 1927.

17. I HEREBY CERTIFY, That I attended deceased from Oct I 1927, 19..., to Dec 24 1927, 19..., that I last saw him alive on Dec 2I 1927, 19..., and that death occurred, on the date stated above, at 10/50.p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcoma of small Intestines

460

45

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (SECONDARY) Unknown

(duration) ...yrs. ...mos. ...ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? at home

3 DID AN OPERATION PRECEDE DEATH? yes DATE OF Dec I5 1926

WAS THERE AN AUTOPSY? No

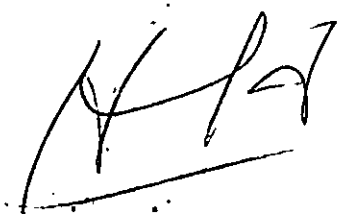
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) E A Mirdell, M. D

Dec.26 1927 (Address) St Joseph Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mount Olivet Cemetery — DATE OF BURIAL: Dec.27. 1927

20. UNDERTAKER: W. O. Sidenfaden — ADDRESS: 1802 Union Str.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.