

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

Do not use this space.

14339

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City MULLAPHY HOSPITAL

File No. ....  
Registered No. 3680  
St. .... Ward)

**2. FULL NAME**

AUGUST F. REHL, STR.

(a) Residence. No. 2517 GLASGOW ST. 10 Ward.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cecilia

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 9-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
60 6 1

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Rabber  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer Broth Cold Storage

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

10. NAME OF FATHER Adolf Rehl

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Marie F. ...

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Mrs Cecilia Rehl  
(Address) 2517 Glasgow

15. FILED Apr 11 1930 Wm C. ... REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 10 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 5 1930 to April 10 1930 that I last saw him alive on April 10 1930, and that death occurred, on the date stated above, at 4:30 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of Esophagus  
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis  
(duration) yrs. 4 mos. ds.

18. WHERE WAS DISEASE CONTRACTED?  
IF NOT AT PLACE OF DEATH Yes

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X-Ray  
(Signed) Francis ... M. D.  
, 19 (Address) Union Club Bldg.

\*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 Calvary DATE OF BURIAL Apr 14 1930

20. UNDERTAKER Central ADDRESS 1841 ...

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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PARENTS

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