

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

Do not use this space.

28411

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis Mo. (No. 1948 Wright St.) St. .... Ward)

File No. ....  
 Registered No. 8291

**2. FULL NAME** Meta Rehg

(a) Residence. No. 1948 Wright St. St. 26 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jacob Rehg</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 15 - 1875</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>4</u>
	DAYS <u>2</u>	IF LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.  
 (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Ernst Wichemuller</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	12. MAIDEN NAME OF MOTHER <u>Johanna Schram</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>

14. INFORMANT Jacob Rehg  
 (Address) 1948 Wright St.

15. FILED AUG 20 1930 REGISTRAR M. C. Fawcett

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 17<sup>th</sup> 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1930 to Aug 17 1930 that I last saw him alive on Aug 15, 1930, and that death occurred, on the date stated above, at 4:05 PM.

18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Intestinal Obstruction  
 (duration) ..... yrs. .... mos. 4 ds.  
 CONTRIBUTORY Carcinoma - Liver  
 (SECONDARY) & Nodules (duration) 1 yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: 11410  
 DID AN OPERATION PRECEDE DEATH? DATE OF ✓  
 WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS clinical  
 (Signed) J. D. Peeler, M. D.  
 (Address) 2505 No 16th  
 \*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 New Pickers DATE OF BURIAL Aug 20 1930

20. UNDERTAKER Hy Leidner and Co. N. Market St. ADDRESS 1417

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.

