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

Do not use this space.
19661

1. PLACE OF DEATH

County — Registration District No. 791
Township — Primary Registration District No. 1003
City St Louis (No. 2025 Mullanphy Str. St. Ward)

File No.
Registered No. 5636

2. FULL NAME Louise Rehg

(a) Residence. No. 2025 Mullanphy St., 20 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 25, 1843

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	88	1	20	

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

9. BIRTHPLACE (CITY OR TOWN) Not Known
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER John Bauer
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY)

14. INFORMANT Mrs. State Arado
(Address) 2025 Mullanphy St.

15. FILED MAY 16 1931 19 Rex C Harvey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 15th 1931.

17. I HEREBY CERTIFY, That I attended deceased from April 13, 1931, to May 14, 1931 that I last saw her alive on May 14, 19..., and that death occurred, on the date stated above, at 8:45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myo Carditis
Chronic
(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Old age
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Chas Harrell, M. D.
, 19 (Address) 2701 N 14

*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	DATE OF BURIAL
Valhalla Cemetery	May 18 1931
20. UNDERTAKER	ADDRESS
Hy Leidner Mud. Co.	1417 N Market Str

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.