

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

Do not use this space.

41464

96

1. PLACE OF DEATH

County St. Louis
Township Central
City Lulu Ave.

Registration District No. 789
Primary Registration District No. 60333
(No. 1529) Lulu Ave.

File No. _____
Registered No. 269
St. _____ Ward _____

2. FULL NAME

Theresa Rehbogen
(a) Residence, No. 1529 Lulu Ave. St. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29, 1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 7 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home 235
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

13. NAME Martin Weissman

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

15. MAIDEN NAME Ursula Fontest

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

17. INFORMANT Mrs. Martin Rehbogen
(ADDRESS) 1529 Lulu Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE S. Petas & Park DATE Dec. 23, 1932

19. UNDERTAKER Fra. L. Pleistel Inc.
(ADDRESS) 5966 Easton Ave.

20. FILED 12/23, 1932 Joela Gray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 11, 1932 to December 16, 1932

I last saw h.e.r. alive on December 16, 1932 Death is said to have occurred on the date stated above, at 5:25 a.m.

The principal cause of death and related causes of importance were as follows:

Sarcoma of Vertebrae (Dorsal)

Date of onset
April 1932

Other contributory causes of importance: Anemia

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____
(Signed) W. Jung, M. D.
(Address) 2278 S. Jefferson

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

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.

Dr. ...
2278^a S. ...
3/4 5.30

JAN 27 1948