

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 1003
 City St. Louis (No. Deaconess Hospital) File No. 31439
 Registered No. 8107 (Ward)

2. FULL NAME

I de Marie Rehbinger
 (a) Residence, No. 3864th Ashland St. Ward. 10 (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>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 23, 1870</u>		
7. AGE	YEARS	MONTHS
	<u>63</u>	<u>6</u>
		23
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>		
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) <u>St. Louis Mo.</u>		
13. NAME <u>Henry Rehbinger</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Anna Lindk</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Emma Rehbinger</u> <u>3864th Ashland</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Marcus</u> DATE <u>9-19-33</u>		
19. UNDERTAKER (ADDRESS) <u>Growth and Co.</u> <u>3710 N. Grand Blvd</u>		
20. FILED <u>SEP 18 1933</u> <u>J. F. Brebeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/12/33 to 9/16/33
 I last saw de alive on 9/15/33 Death is said to have occurred on the date stated above, at 10 A. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Thrombosis
828
97
 Other contributory causes of importance:
General Arterio Sclerosis
 Name of operation none Date of no
 What test confirmed diagnosis symptoms Was there an autopsy no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide no Date of injury no, 1933
 Where did injury occur no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury no
 Nature of injury no
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no
 (Signed) Chas P. Mohr, M. D.
 (Address) 3903 Lee Ave

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.

OCT 20 1933

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10
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Mr. Martin
3905 1/2 Lee Ave