

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.

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

Do not use this space.

MAR 2 1935

1. PLACE OF DEATH

County Ste Genevieve Registration District No. 780 File No. 2689
Township Primary Registration District No. 4466 Registered No. 6
City Ste Genevieve (No.) St. Ward

2. FULL NAME

Jessie Josephine Rehm
(a) Residence, No. 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 <u>Female</u>	4. COLOR OF RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph R. Rehm</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 28th 1880</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>4</u>
	DAYS <u>19</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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>Ste Genevieve Missouri</u>		
FATHER	13. NAME <u>Max Beader</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Julia Rehm</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ste Genevieve Missouri</u>	
17. INFORMANT (ADDRESS) <u>Joseph E. Rehm Ste Genevieve Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ste Genevieve</u> DATE <u>Jan 24</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>W. J. Stanton Ste Genevieve Mo</u>		
20. FILED <u>Jan 20</u> 19 <u>35</u> <u>T. W. Douglas</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-17-1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 17 1935, to Jan 17 1935.
I last saw her alive on Jan 17 1935. Death is said to have occurred on the date stated above, at 6:25 P. M.
The principal cause of death and related causes of importance were as follows:
Apoplexy (Cerebral Hemorrhage) Date of onset 1-17-35

Other contributory causes of importance:
Chronic Dehydrated Nephritis - ?

Name of operation Date of
What test confirmed diagnosis? Microsc. Was there an autopsy? Yes

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? No
If so, specify
(Signed) R. W. Leonard M. D.
(Address) Ste Genevieve Mo.

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