

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

Do not use this space.

1. PLACE OF DEATH
MAY 7 1936

County.....
Township.....
City **St. Louis** (No. **7104 Michigan**)

Registration District No. **791**
Primary Registration District No. **1008**

File No.
Registered No. **4083**
St. Ward)

2. FULL NAME **Anna Rehbaum**

(a) Residence, No. **7104 Michigan** St. **1** 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4, 1847		
7. AGE YEARS 88	MONTHS 11	DAYS 6
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		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
OCCUPATION none		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4-10-1936**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 8, 1936** to **April 19, 1936**
I last saw him alive on **Apr. 9, 1936** Death is said to have occurred on the date stated above, at **10 P. M.**
The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach Date of onset **1 yr.**
56
Other contributory causes of importance:
Carcinoma of left breast **6 mo.**
Arteriosclerosis **Chronic**

Name of operation..... Date of.....
What test confirmed diagnosis? **Autopsy** 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?.....
If so, specify..... (Signed) **J. M. [Signature]**, M. D.
(Address) **7705 [Address]**

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
	13. NAME Unknown
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
	15. MAIDEN NAME Unknown
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
17. INFORMANT Eda Rehbaum (ADDRESS) 7104 Michigan	
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem. DATE 4-14-1936	
19. UNDERTAKER Southern Und. Co. (ADDRESS) 6223 Grand Blvd	
20. FILED APR 14 1936 J. M. Bredeck Registrar.	

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state H in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Suffer,
7702 Quary
10-1