

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32294

Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City **St. Louis**

Registration District No. **791**
 Primary Registration District No. **1003**
 (d) Street No. **City Hospital No. 1**

Registered No. **8348**

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

c **7070** **Charles Rebbing**

2. PRINT FULL NAME

(a) Residence, No. **4471 Olive** St. **19**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 20, 1890**

7. AGE YEARS **46** MONTHS **11** DAYS **14** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Taxi-owner**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Chauffeur**
 10. Date deceased last worked at this occupation (month and year) **Jan 1936** 11. Total time (years) spent in this occupation **25 yrs**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Missouri**FATHER 13. NAME **Andrew Rebbing**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Sweeden**MOTHER 15. MAIDEN NAME **Charlotte Carners**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Iowa**17. INFORMANT (ADDRESS) **Hosp. Info M. Kent**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Valhalla Crem.** DATE **9/6/37**19. FUNERAL DIRECTOR (ADDRESS) **Alexander & Sons**
6175 Delmar Blvd20. FILE **SEP 5 1937** **J. Bredeck**
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9/4/37** 19

22. I HEREBY CERTIFY, That I attended deceased from **8/19/37**, 19, to **9/4/37**, 19.
 I last saw him alive on **9/4/37**, 19. Death is said to have occurred on the date stated above, at **8.50 a**

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

Empyema of Chest
Chronic Nephritis
Diabetes Mellitus

Other contributory causes of importance:

Uræmia

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) **Richard V. Keith**, M. D.(Address) **City Hospital No. 1**

STATEMENT BY LICENSED EMBALMER

I, Jos. E. McCulloch, Licensed Embalmer No. 2460
hereby certify that the body recorded on the reverse side of this certificate was embalmed by self
L. E.
No. 2460 or by E. Altman, Registered Apprentice No. 2
working under my personal supervision.

Signed

Jos. E. McCulloch

Licensed Embalmer No. 2460

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)