

NOV 23 1937

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

38789

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 290
(b) Township Clayton Primary Registration District No. 603391
(c) City St. Clayton (d) Street No. St. Louis No. 2508 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

Registered No. 360

2. PRINT FULL NAME

Fred J. Rebholz, Jr.,

(a) Residence, No. 3927 Holly Hills St. St. Louis, Mo.
(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) Singled

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 12, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 37 5 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as 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) St. Louis, Mo.
(STATE OR COUNTRY)

13. NAME Fred Rebholz

14. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

15. MAIDEN NAME Anna Gog

16. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

17. INFORMANT Fred Rebholz, Jr.
(ADDRESS) 3927 Holly Hills

18. BURIAL, CREMATION, OR REMOVAL
Voluntary Missouri Crematory 10-5-37

19. FUNERAL DIRECTOR Southern Funeral Home
(ADDRESS) 6322 S. Grand

20. FILED 10/4 1937 Dr. J. J. Sigurdson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-8-37, 19

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19, Death is said to have occurred on the date stated above, at 9 a. m.

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

Auto collision while riding as a passenger in a private auto on a public highway. Date of onset 10/2/37

Other contributory causes of importance:
collapse of both lungs. 10/2/37
sub-chronic emphysema involving greater part of body.

Name of operation none Date of —
What test confirmed diagnosis Physical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 10/2/37
Where did injury occur? maplewood Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Public Place

Manner of injury auto collision
Nature of injury collapse of both lungs.

24. Was disease or injury in any way related to occupation of deceased? no
If so specify

(Signed) John O. Connelley, M. D.
(Address) Carone, St. Louis

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Frank Ludwig, Licensed Embalmer No. 2504

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E. Frank Ludwig

No. 2504 or by....., Registered Apprentice No.....

working under my personal supervision.

Signed

Frank Ludwig

Licensed Embalmer No. 2504

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.)