

DEC 13 1937

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

39899

Do not use this space.

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1003

Registered No. 10886

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis. (d) Street No. Home for the Aged 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.

2. PRINT FULL NAME Nellie Reibell

(a) Residence, No. 3400 So. Grand Blvd. St. 16
 (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 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5th, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 7 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
 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) (STATE OR COUNTRY) Keokuk, Iowa.13. NAME John Traman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England.15. MAIDEN NAME Anna O'Leary16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England.17. INFORMANT Helen Reibell
(ADDRESS) 1203 Missouri Ave.18. BURIAL, CREMATION, OR REMOVAL SS. Peter & Paul Cem, DATE NOV. 25, 193719. FUNERAL DIRECTOR J. N. Gubken, P. & Co.
(ADDRESS) 2860 Gravois Ave.20. DATED NOV 24 1937 19 1937
J. T. Bredeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 31 1937 to Nov 23 1937
 I last saw her alive on Nov 23, 1937 Death is said to have occurred on the date stated above, at 2:30 P. M.
 The principal cause of death and related causes of importance were as follows:

Cardio. Renal. Vas
Decense.
 Date of onset 1936

Other contributory causes of importance:
Fractured Left Hip - 3 days
Pneumonia - Hypertension

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 11/21, 1937
 Where did injury occur? 3400 So Grand (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Home (Street)

Manner of injury Fell on floor
 Nature of injury Fractured Left Hip

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) J. T. Bredeck, M. D.
 (Address) St. Louis, Mo.

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken, Licensed Embalmer No. 2120

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

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed

Herman A. Gebken

Licensed Embalmer No. 2120

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.)