

REC'D APR 1 1938

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791  
1008

8950

Do not use this space.

2539

Registered No. \_\_\_\_\_

## 1. PLACE OF DEATH

- (a) County \_\_\_\_\_ Registration District No. \_\_\_\_\_  
 (b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
 (c) City Saint Louis, Missouri, (d) Street No. Deaconess Hospital, 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 Cecelia Rebsamen. 125

- (a) Residence, No. 3641 a Pennsylvania Ave. St. 24  
 (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<br>Female   | 4. COLOR OR RACE<br>White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br>Widowed. |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br>Oscar Rebsamen                   |                           |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 13th, 1887</u>                                |                           |   |
| 7. AGE YEARS<br>51   | MONTHS<br>1               | DAYS<br>29  |
| 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.<br>House-Work |                           | 11. Total time (years) spent in this occupation                       |
| 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)                                |                           |   |

12. BIRTHPLACE (CITY OR TOWN) Saint Louis, Missouri.  
(STATE OR COUNTRY)13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)17. INFORMANT Bertha Machatschek  
(ADDRESS) 3641a Pennsylvania Ave.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Sunset Burial Park DATE March 18th, 193819. FUNERAL DIRECTOR Ziegenhein Bros.  
(ADDRESS) 2523 Cherokee Street.20. FILE NO. 881-91 J. F. Bredsch  
MAR 16 1938

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12th, 1938.22. I HEREBY CERTIFY, That I attended deceased from March 10, 1938, to March 13, 1938I last saw her alive on March 13, 1938. Death is said to have occurred on the date stated above, at 11:30 P.M.

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

Peritonitis Date of onset 3/12/38  
121  
 Other contributory causes of importance:  
Acute Appendicitis 3/10/38  
Abscess of Fallopian Tube 3/12/38  
Right, (Perforated)

Name of operation Appendectomy Date of 3-10-38What test confirmed diagnosis? clinical path Was there an autopsy? yes23. 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) Wm W. Norton, M. D.(Address) 634 No. Grand Blvd  
St. Louis, Mo.

STATEMENT BY LICENSED EMBALMER

I, J. M. Davis

Licensed Embalmer No. 3741

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_  
working under my personal supervision.

Signed

J. M. Davis

Licensed Embalmer No. 3741

**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.)**