

REC'D JUL 12 1938

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

20481

Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1008** Registered No. **5620**  
(c) City **St. Louis** (d) Street No. **St. Luke's 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 **Albert A. Rehbein**

(a) Residence, No. **5475 Cabanne Ave** St. **5** (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male**  
4. COLOR OR RACE **White**  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Caroline S. Rehbein**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 12, 1869**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**69 5 9**  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired**  
9. Industry or business in which work was done, as saw mill, bank, etc. **Commission**  
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**  
(STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Henry Rehbein**  
14. BIRTHPLACE (CITY OR TOWN) **Germany**  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Augusta Rehbein**  
16. BIRTHPLACE (CITY OR TOWN) **Germany**  
(STATE OR COUNTRY)

17. INFORMANT **Mrs. A. A. Rehbein**  
(ADDRESS) **5475 Cabanne Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine** DATE **June 23 38**

19. FUNERAL DIRECTOR **A. Iron La U. Co.**  
(ADDRESS) **2707 North Grand St.**

20. FILED **JUN 22 1938** **J.P. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 21, 1938**  
22. I HEREBY CERTIFY, That I attended deceased from **June 15, 1938**, to **June 21st, 1938**  
I last saw him alive on **June 21st, 1938**. Death is said to have occurred on the date stated above, at **4.15 A.M.**  
The principal cause of death and related causes of importance were as follows:

**Lobar Pneumonia** Date of onset **6/19/38**  
Other contributory causes of importance:  
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? ..... 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 **Left Parotid Gland** M. D.  
(Signed) **W. H. Barrett**  
(Address) **4500 Olive St**

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.

I X12004

**STATEMENT BY LICENSED EMBALMER**

I, Paul F. Kwoleberg, Licensed Embalmer No. 2631

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

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Paul F. Kwoleberg

Licensed Embalmer No. 2631

**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.)**