

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.

8 1939

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

3862
Do not use this space.

FEB 7 1939

1. PLACE OF DEATH
 (a) County St. Louis, Registration District No. 784
 (b) Township _____ Primary Registration District No. 111 Registered No. 29
 (c) City Gladston Rich Hgts (d) Street No. St. Mary'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 Augusta Rehbein,
 (a) Residence, No. 414 Bompert Ave, Webster Groves, _____
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry A. Rehbein</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 29, 1845.</u>		
7. AGE	YEARS <u>93</u>	MONTHS <u>5</u>
	DAYS <u>7</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>At home</u>	
	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 _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lauenforde Germany</u>	
	13. NAME <u>Fred'k Wichelman</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany,</u>	
	15. MAIDEN NAME <u>Katrina Kiellon</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Mrs. Alvine Buschman</u> (ADDRESS) <u>414 Bompert Ave., Webster.</u>		
18. BURIAL PLACE <u>Bellefontaine</u> DATE <u>Jan'y 9, 39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Wagoner Und. Co. 3621 Olive St.</u>		
20. FILED <u>JAN 8 1939</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1938 to Jan 6 1939
 I last saw her alive on 1-6 1939 Death is said to have occurred on the date stated above, at 4:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy
Chronic Myocarditis
93C

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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 Victor E. Dehman, M. D.
 (Signed) _____ (Address) 508 No. Grand Ave

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

Walter King

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed

Walter King

Licensed Embalmer No. _____

3563

P. O. Address _____

3621 Olive

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.)

If this body is not embalmed, above space should be left blank.