

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAR 13 1939

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

4602
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **St. Anthony's Hospital** Registered No. **1295**
 (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.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME **160 Norma Lee Rebore**

(a) Residence, No. **5534 Murdock Ave.** St. **14**
 (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) **Single**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 13, 1929**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
10 0 25
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **School Girl**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation **10**

12. BIRTHPLACE (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY) **Mo.**

FATHER 13. NAME **Edward G. Rebore**
 14. BIRTHPLACE (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY) **Mo.**

MOTHER 15. MAIDEN NAME **Norma C. Schmitt**
 16. BIRTHPLACE (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY) **Mo.**

17. INFORMANT **Edward G. Rebore**
 (ADDRESS) **5534 Murdock Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Memorial Park** DATE **2-10**, 19**39**

19. FUNERAL DIRECTOR (NAME) **Kriegshauser Mortuary**
 (ADDRESS) **4228 So. Kingshighway**

20. FILED **FEB 9 1939** **J. B. Brudeck**
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-7**, 19**39**

22. I HEREBY CERTIFY, That I attended deceased from **December 1938** to **February 7, 1939**
 I last saw her alive on **February 7, 1939** Death is said to have occurred on the date stated above, at **9 P.M.**
 The principal cause of death and related causes of importance were as follows:

Acute myocardial failure 2/7/39
Lobar pneumonia (terminal) 1/2/39
Pulmonary edema

Other contributory causes of importance:
Brain tumor, July 1938
not determined as to malignancy

Name of operation Date of
 What test confirmed diagnosis? **Plummet** Was there an autopsy? **no**

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

(Signed) **J. B. Brudeck** M. D.
 (Address) **705 N. Campbell Street St. Louis, Mo.**

J.H. Ganger
1-3
905 N. Michigan
Ann Arbor, Michigan

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,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Edwin M. Serwatt

Licensed Embalmer No.

3024

P. O. Address

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.