

20 1939

REC'D MAR 9 1939

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

7812
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Rich Hgts Primary Registration District No. 111 Registered No. 304
(c) City 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 1-25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Frank A. Rebsamen
(a) Residence, No. NE Herman Missouri
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Caroline Rebsamen

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1939, to Feb 19, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1868

I last saw him alive on Feb 18-39, 1939. Death is said to have occurred on the date stated above, at 8:20 P.M.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS 70 MONTHS 8 DAYS 8 If LESS than 1 day,hrs. ormin.

Bronchial pneumonia
Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Barber
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 54

Other contributory causes of importance:
Cerebral Hemorrhage
Hypertension

12. BIRTHPLACE (CITY OR TOWN) Herman
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Frank Rebsamen

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Switzerland

MOTHER 15. MAIDEN NAME Unknown Fritz

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ohio

17. INFORMANT Florence Jaycox
(ADDRESS) 2149a Russell

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.

18. BURIAL, CREMATION, OR REMOVAL PLACE Herman Missouri DATE Feb. 22, 1939

Manner of injury.....
Nature of injury.....

19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe Inc.
(ADDRESS) 4700 Washington Blvd.

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) A. S. Harris, M. D.
(Address) 4660 Maryland Ave

20. FILED FEB 20 1939 DR Meyer Local Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

96
7
2

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..... *Guy W. Wilkinson*

Licensed Embalmer No. *3575*

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.