

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.

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

17131
Do not use this space.

DEC'D JUN 12 1939

791
1003

1. PLACE OF DEATH
(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis (d) Street No. DePaul Hospital Registered No. 4665
(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 Harold M. Rebman
(a) Residence, No. 3501a Magnolia St. 17
(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 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 Irma Sante Rebman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
34 3 18

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prescot Ark.

FATHER
13. NAME Ross Rebman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER
15. MAIDEN NAME Ida Robinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Irma Rebman 3501a Magnolia

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial DATE May 23 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Schumacher Und. Co. 3013 Keramec

20. FILED MAY 23 1939 J. B. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 1939

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 5.10 P.M.
The principal cause of death and related causes of importance were as follows:
Internal hemorrhage from rupture of heart as a result of fracture of ribs. Sudden rupture of aorta into the pleural cavity with construction of a scaffolding for other contributory causes of importance:
The purpose of building a water tower at Terreneau, Mo. May 19 1939 about 4:25 P.M.

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 5/19 1939
Where did injury occur? Perquimans, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Industry

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

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify.....
(Signed) Alfred Perry M. D.
(Address) Deputy Coroner

SEP 17 1948

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.....

working under my personal supervision.

Clarence Kuchow
....., Registered Apprentice No.

Signed.....

Licensed Embalmer No. *3093*

P. O. Address *3013 Merwin*

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.