

DEAD SEP 14 1939 791

Primary Registration District No. \_\_\_\_\_

Registrar's No. **7154**

1. PLACE OF DEATH: **1003**  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Anthony's Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **entire life** years, months or days)

3. (a) PRINT FULL NAME **George E. Rebori** **160**  
3. (b) If veteran, name war **None**  
3. (c) Social Security No. **492-03-3691**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Clara Rebori**  
6. (c) Age of husband or wife if alive **42** years

7. Birth date of deceased **June 12 1888**  
(Month) (Day) (Year)

8. AGE: Years **51** Months **2** Days **4** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **St. Louis MO.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Foreman Hupples Hesse Co.**

11. Industry or business **Envelope Co.**

12. Name **Unknown Rebori**

13. Birthplace **Italy**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **U.S.**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Clara Rebori**

(b) Address **5408a Holly Hills Ave**

17. (a) **Burial** (b) Date thereof **8-19-39**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Peter & Paul**

18. (a) Signature of funeral director **Kriegshausler Mortuaries**

(b) Address **4228 So. Kingshighway**

19. (a) **AUG 17 1939** (b) **J. B. Branger**  
(Date of registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County \_\_\_\_\_  
(c) City or town **St. Louis** **2**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5408a Holly Hills Ave.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **16th**  
year **1939** hour **7** minute \_\_\_\_\_ P.M. M.

21. I hereby certify that I attended the deceased from **Aug 7**, 19**39**, to **Aug 16**, 19**39**;  
that I last saw him alive on **Aug 16**, 19**39**;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Ac. myocardial failure** **8/16/39**  
**Shock following operation to relieve intestinal obstruction** **4 days**  
**Asystole - non-valgiant** **4 days**  
**Small Stone**  
Other conditions **Small bladder operation 8/6/39**  
Major findings: **Fecal fistula (Colon)**  
Of operations: **Intestinal obstruction**  
Of autopsy: **126**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **No**

While at work? **+** (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **J. B. Branger** (M. D. or other) **M.D.**

Address **700 N. Kingshighway** Date signed **8/17/39**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

130 to 330

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 Reinhold K. Lohman

Licensed Embalmer No. 3395

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.