

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

41500

JAN 12 1939

Registration District No. 201

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

Registrar's No. 10623

1. PLACE OF DEATH: 1003  
 (a) County 2  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
67 Vandeventer Place  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
Lifetime  
 In this community \_\_\_\_\_  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County 1  
 (c) City or town St. Louis 19  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 67 Vandeventer Place  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Maxime Reber 168  
 (b) If veteran, name war none (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH, Month December day Monday 11  
 year 1939 hour 9 minute 45 a. M.

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

21. I hereby certify that I attended the deceased from May 1938  
 \_\_\_\_\_, 1938, to Dec 11, 1939;  
 that I last saw him alive on Dec 11, 1939;  
 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Sept 15th 1866  
 (Month) (Day) (Year)

Immediate cause of death Pulmonary fibrous non-tuberculous (?)  
 Due to Dark Kew (?)

8. AGE: Years 73 Months 2 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Other conditions Prostatic hypertrophy  
 (Include pregnancy within 3 months of death)

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

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

10. Usual occupation Consulting Engineer

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Samuel Reber

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

MOTHER FATHER { 14. Maiden name Margaret Wisler Reber

15. Birthplace Philadelphia Pa  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charles S. Reber

(b) Address 67 Vandeventer Place

17. (a) Burial (b) Date thereof Dec 13th 39  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Wagoner Und Co

(b) Address 3621 Olive Street

19. DEC 12 1939 (b) J. B. Beck  
 (Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

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

23. Signature Armand Kevold (M. D. or other) \_\_\_\_\_

Address 70 Vandeventer Place Date signed 12.12.39

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**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 *Neville B. Holwitt*

Licensed Embalmer No. *3696*

P. O. Address. *3621 Olive St*

**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.**