

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8876**
Registrar's No. **2359**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **Saint Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City 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 _____
years, months or days)

3. (a) PRINT FULL NAME **John J. Rehmann.**
8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Divorced**
6. (b) Name of husband or wife **UNKNOWN** 6. (c) Age of husband or wife If alive _____ years
7. Birth date of deceased **March 24th, 1891.**
(Month) (Day) (Year)

8. AGE: Years **48** Months **10** Days **15**
If less than one day _____ hr. _____ min.

9. Birthplace **Saint Louis, Missouri.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Press feeder**

11. Industry or business _____
12. Name **John Rehmann**
13. Birthplace **Saint Louis, Missouri.**
(City, town, or county) (State or foreign country)
14. Maiden name **Magdolne Klein**
15. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Myrtle Kluey**
(b) Address **2505 Salena Street.**

17. (a) **Burial** (b) Date thereof **Feb. 12, 1940.**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Old S.S. Peter & Paul**

18. (a) Signature of funeral director **Zeigenthaler B. W.**
(b) Address **2626 Cherokee Street.**

19. (a) **MAR 11 1940** (b) **J. F. Biedich**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri.** (b) County _____
(c) City or town **Saint Louis, 23**
(If outside city or town limits, write "RURAL")
(d) Street No. **805 Souldard Street**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **February** day **9th.**
year **1940.** hour **3** minute **40 A. M.**
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death **Arterio Sclerosis** Duration _____
self administered at his home 805 Souldard St on March 6-1940
Due to _____
Due to _____
Other conditions **Arterio Sclerosis**
(Include pregnancy within 3 months of death)

Major findings: **Suicide**
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Suicide**
(b) Date of occurrence **3/6/40**
(c) Where did injury occur? **3 St Louis mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place) (e) Means of injury _____
While at work _____
23. Signature **Joseph W. ...** (M. D. or other) _____
Address _____ Date signed _____

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

Rev. 5-17-39
1-1-1951

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.

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 *V E Morris*

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee

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.