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U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 8 1940  
Registration District No. 784

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12485  
State File No. \_\_\_\_\_  
Registrar's No. 514

Primary Registration District No. 200

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Veterans Administration Facility  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

8. (a) PRINT FULL NAME Fritz REHAGEN  
8. (b) If veteran, name war World 8. (c) Social Security No. Unknown

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Flora Rehagen 6. (c) Age of husband or wife if alive Unkn. years  
7. Birth date of deceased October 16, 1891  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	48	4	25	hr. min.

9. Birthplace Rich Fountain, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

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

12. Name Conrad Rehagen

18. Birthplace Rich Fountain, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Angela Willebrandt

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

16. (a) Informant Mr. Sabers, Clerk, Vet. Adm. Facility

(b) Address Jefferson Barracks, Mo.

17. (a) Burial (b) Date thereof 3/14/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Thom's, Mo.

18. (a) Signature of funeral director John J. Hainich

(b) Address Jefferson Barracks, Mo.

19. (a) MAR 15 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2318 University St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11  
year 1940 6 hour 35 minute P. M.

21. I hereby certify that I attended the deceased from March 6,  
19 40 March 11, 19 40

that I last saw him alive on March 11  
and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Ulcer,  
perforated, with generalized  
peritonitis Duration Unkn.

Due to \_\_\_\_\_  
Due to 117a

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: None  
Of autopsy: Findings as above

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) \_\_\_\_\_

(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 C. W. HUGHES, M.D., Chief Med. Officer,

Address Vet. Adm. Fac., Jeff. Brks., Mo. Date signed \_\_\_\_\_

**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

*John F. Linnich*

Licensed Embalmer No. *3655*

P. O. Address *Jefferson City, Mo*

**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.**