

FILED DEC 11 1940 791

Primary Registration District No. **1003**

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

1. PLACE OF DEATH: **St. Louis, Mo.**

(a) County _____

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. John'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 _____
years, months or days

3. (a) PRINT FULL NAME **William P. Rebori Jr.,**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Sept. 16, 1940.**
(Month) (Day) (Year)

| | | | | |
|---------|-------|----------|----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | | 2 | 9 | hr. _____ min. |

9. Birthplace **St. Louis Mo.** 0.
(City, town, or county) (State or foreign country)

10. Usual occupation _____ 0

11. Industry or business _____ 0

12. Name **Wm. Rebori** 0

13. Birthplace **St. Louis Mo.** 0
(City, town, or county) (State or foreign country)

14. Maiden name **Marie Henley**

15. Birthplace **St. Louis Mo.** 0
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm. P. Rebori**

(b) Address **1906 Clara**

17. (a) **Burial** (b) Date thereof **11/27/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Sullivan**

(b) Address **2849 N. Euclid**

19. (a) **NOV 26 1940** (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County _____

(c) City or town **St. Louis** **L**
(If outside city or town limits, write "RURAL")

(d) Street No. **1906 Clara Ave.,**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV.** day **25**
year **1940** hour **12 noon** minute _____ M.

21. I hereby certify that I attended the deceased from **Nov 21**
19 **40**, to **Nov 25**, 19 **40**
that I last saw him alive on **Nov 25 - 1940**, 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death: **Myocardial failure** **12 hrs**

Due to: **Tuberculous pneumonia Rt. 4 days**

Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autopsy: _____

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

(a) Accident, suicide, or homicide (specify) **no**

(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 **[Signature]** (M. D. or other) **MD**

Address **4957 Maryland** Date signed **11-27-40**

Duration

12 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

4952
Maryland
H. Prueger

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 Albert Mugfield

Licensed Embalmer No. 3077

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.