

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8049

MAR 19 1941 80

Registration District No. _____

Primary Registration District No. 4466

Registrar's No. 11

1. PLACE OF DEATH:

(a) County St. Genevieve
(b) City or town St. Genevieve
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Genevieve
(c) City or town St. Genevieve
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. ? _____ years.

8. (a) PRINT FULL NAME CAROLINE REHM

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

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

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

7. Birth date of deceased Nov. 4 1850
(Month) (Day) (Year)

8. AGE: Years 90 Months 3 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Baden Germany
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Bieser

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

14. Maiden name Ida Hoffman

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

16. (a) Informant's own signature Joseph T. O'Brien

(b) Address St. Genevieve Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 13-41
(Month) (Day) (Year)

(c) Place: burial or cremation St. Genevieve

18. (a) Signature of funeral director Les C. Basler

(b) Address St. Genevieve Mo

19. (a) Feb 11/41 (Date received local registrar) (b) T.W. Douglas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10
year 41 hour 5 minute 20 A.M.

21. I hereby certify that I attended the deceased from you
22 1941 to Feb 10 1941;
that I last saw her alive on Feb 10 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Gangrene of left leg and foot Duration 2/5/41

Due to Thrombosis of femoral artery 2/5/41

Due to Chronic myocarditis and General arteriosclerosis

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

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN _____

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? _____

7th While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature R. L. Lanning (M. D. certifier)

Address St. Genevieve Mo Date signed 2/10/41

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.

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.....

Leo C. Parker

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Leo C. Parker

Licensed Embalmer No.....

1985

P. O. Address.....

St. Lawrence Ave

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.