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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8076

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 313

96
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location) 6

(d) Length of stay: In hospital or institution 2 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Kirkwood 4 (If outside city or town limits, write "RURAL")

(d) Street No. 711 S. Kirkwood Rd. 3 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Helen Marie Rehtz,

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Wh

6. (a) Single, widowed, married, divorced Wid 2

6. (b) Name of husband or wife

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

7. Birth date of deceased August 17, 1859. (Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 21 If less than one day hr. min.

9. Birthplace 5 France (City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name ?? Rancon
13. Birthplace 5 France (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace 5 France (City, town, or county) (State or foreign country)

16. (a) Informant Old Folks Home

(b) Address Kirkwood, Mo.,

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/10/41 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters County

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

(b) Address 131 W. Argonne Kirkwood Mo.

19. (a) FEB - 9 1941 (Date received local registrar) (b) R Meyer M D Dr BB (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8 year 1941 hour 2 minute P M.

21. I hereby certify that I attended the deceased from January, 1938, to 2-8, 1941; that I last saw her alive on 2-5, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	3 yrs ?
Due to	
Due to 47d	
Other conditions Carcinoma of Lungs (Include pregnancy within 3 months of death)	

Major findings:
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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C E Barnett (M. D. or other) O

Address Kirkwood Mo Date signed 2-8-41

(Licensed Embalmer's Statement on Reverse Side)

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 Rollanow H Bopp

Licensed Embalmer No. 30x2

P. O. Address Clayton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.