

S. No. 2
1-14-41
5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15441

State File No. _____
Registrar's No. _____

Registration District No. _____ Primary Registration District No. 6026

1. PLACE OF DEATH: Ste Genevieve Co
(a) County Ste Genevieve
(b) City or town Meller Summit Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Union Gap Weingarten RFD
(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 _____ (b) County 95
(c) City or town _____ (If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fannie Margaret Rehkop
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 23
year 1942 hour 4 minute 30 M.
21. I hereby certify that I attended the deceased from 4-22 to 4-23 1942
that I last saw her alive on 4-22 and that death occurred on the date and hour stated above. 1942

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 18 years (Month) (Day) (Year)

Immediate cause of death Intracranial hemorrhage Duration 1 h
Due to arterio-sclerosis (general)
Due to _____

8. AGE: Years Months Days If less than one day
67 11 7 hr. min.

9. Birthplace Madison Co Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas H. Walls
13. Birthplace Ohio
14. Maiden name Emma Juntar
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

Other conditions Cholera
(Include pregnancy within 3 months of death)
Major findings: of operations
-Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Louis Rehkop
(b) Address Weingarten RFD

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? _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill

18. (a) Signature of funeral director W. J. ...
(b) Address Flat River Mo
19. (a) April 27 42 (b) Rev Joseph G. ...
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature M. ... (M. D. or other) _____
Address ... Date signed 4-24-42

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

5000

85

SEP 20 1946

RECEIVED
District Health Officer No. 4
District File Number 542-551
Date Filed 5-12-49

SEP 20 1946

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.....

Licensed Embalmer No.....

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, fact should be so stated above.