. S. No. 2
M—1-4-41
ev. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

28237 0

State File No.

Registration District No. FILED SEP 8 1942 Primary Registration District No. ~~200~~ 101 Registrar's No. 1742

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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 CREVE COUER Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST LOUIS COUNTY Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 HOURS (Specify whether
In this community 11 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ST LOUIS 96
(c) City or town RICHMOND HTS Mo 3
(If outside city or town limits, write "RURAL")
(d) Street No. 7530 Ethel AVE
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME JOHN JOSEPH REHAGEN

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife

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

7. Birth date of deceased DEC (Month) 11 (Day) 1925 (Year)

8. AGE: Years 16 Months 8 Days 5 If less than one day 20 hr. 13 min.

9. Birthplace MEMPHIS TENN (City, town, or county) 1 (State or foreign country)

10. Usual occupation STUDENT

11. Industry or business

FATHER
12. Name CLEMMENS H REHAGEN
13. Birthplace CHAMOIS (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name HAZEL O DONNELL
15. Birthplace WINDSOR SPRINGS (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant C. H. Rehagen
(b) Address 7530 ETHEL AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-19-42 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Watson Bockeye
(b) Address 6536 Clayton Rd

19. (a) AUG 17 1942 (Date received local registrar) (b) E. G. McGahan MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16 day Aug year 1942 hour minute 1 M.

21. I hereby certify that I attended the deceased from , 19 42 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Inquest Pending

Due to stepped in path of R.I. train lacerations of scalp, ruptured kidney --- liver & spleen with retro peritoneal hemorrhages

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

169-4
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22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accd. 117
(b) Date of occurrence 8-10-42
(c) Where did injury occur? Creve Coeur Lake (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Pub. Place
(Specify type of place)
While at work? (e) Means of injury?

23. Signature Louis H Bopp (M.D. or other)
Address Kirkwood, Mo Date signed 8/17/42

(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.....

Licensed Embalmer No.....3575

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.