

FILED JAN 19 1943

Registration District No. _____

Primary Registration District No. 700

Registrar's No. 240

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

1. PLACE OF DEATH:

(a) County _____

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

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

(d) Length of stay: In hospital or institution 1 Month,
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Gregory A. Rehme,

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male, 5. Color or race White, 6. (a) Single, widowed, married, divorced Married,

6. (b) Name of husband or wife Loretta, 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased January 3, 1898
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>-0-</u>	<u>5</u>	_____ hr. _____ min.

9. Birthplace St. Louis, Missouri,
(City, town, or county) (State or foreign country)

10. Usual occupation Credit-man

11. Industry or business Federal Reserve Bank,

12. Name Henry R. Rehme,

13. Birthplace St. Louis, Missouri,
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Lager,

15. Birthplace St. Louis, Missouri,
(City, town, or county) (State or foreign country)

16. (a) Informant Loretta Rehme,

(b) Address 4075 Giles Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/43
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Robert-Ben Nestlary

(b) Address 2842 Meramec St.,

19. (a) JAN 10 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County _____

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

(d) Street No. 4075 Giles Ave.,
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8
year 1943 hour 2: minute 50 A.M.

21. I hereby certify that I attended the deceased from Dec 4 to Jan 7, 1943
that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____

Due to _____

Other conditions 93
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy None

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? _____

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

23. Signature J. F. Bredeck (M. D. or other)

Address 4065 Grand Date signed 1-8/43

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed

Joe D. Benz
Licensed Embalmer No. 4219
2842 Meramec St.,
P. O. Address St. Louis, Mo.

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.