169
S. No. 2
DM—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16506 5043

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 12
(c) City or town St Louis 9/6
(If outside city or town limits, write "RURAL")
(d) Street No. 4332 Chamal St
(If rural, give location)
(e) Citizen of foreign country? NB (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ruby Rehg
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race Wh.
6. (a) Single, married, widowed, divorced Widow
6. (b) Name of husband or wife William C. Rehg
6. (c) Age of husband or wife if dead 65 years
7. Birth date of deceased Aug. 7th 1879 (Month) (Day) (Year)
8. AGE: Years 63 Months 9 Days 23 If less than one day hr. min.
9. Birthplace Olney Ills (City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business at home
FATHER
12. Name George E. Morrison
13. Birthplace Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary J. Bateman
15. Birthplace Ohio (City, town, or county) (State or foreign country)
16. (a) Informant Cath. Bremer
(b) Address 6220 Dexter Dr
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/2/43 (Month) (Day) (Year)
(c) Place: Burial or cremation Valhalla
18. (a) Signature of funeral director Henry Weidemuller
(b) Address 6203 Gravois
19. (a) JUN 1 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30, year 1943 hour 8:20 minute P. M.
21. I hereby certify that I attended the deceased from May 24, 1943 to May 30, 1943; that I last saw her alive on May 30, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Thrombosis of Basilar Artery	
Due to: Softening of Midbrain (Midbrain)	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 0	
Major findings: Of operations:	
Of autopsy: as above	

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 E. W. Berger (M. D. or other)
Address 1515 Lafayette Avenue, Date signed 6/1/43

(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 Albert G. Hopper

Licensed Embalmer No. 2971

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.