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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

882

FILED FEB 27 1944 318

State File No.

Registration District No. Primary Registration District No.

Registrar's No. 271

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3401 N. Union Blvd /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 62 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mr. Arthur Rehm

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mrs. Mildred Rehm 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased June 11 1881 (Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 27 1/4 If less than one day hr. min.

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

10. Usual occupation Special Clerk u. S. Post Office.

11. Industry or business George Rehm

12. Name George Rehm 13. Birthplace Mo. (City, town, or county) (State or foreign country)

14. Maiden name Emma Plitt (City, town, or county) (State or foreign country)

15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mildred Rehm (b) Address 3401 N. Union Blvd.

17. (a) Burial (b) Date thereof 1-11-44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cem.

18. (a) Signature of funeral director Hy. Leidner U. Co. (b) Address 2223 St. Louis Ave.

19. (a) JAN 11 1944 (b) J. F. Predest (Date received local registrar) (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. 3401 N. Union Blvd. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1944 Month Jan. day 8th. year 7:10 hour minute P.M. M.

21. I hereby certify that I attended the deceased from Dec 31 1943, to Jan 8 1944; that I last saw him alive on Jan 8 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 9 Days

Due to Due to

Other conditions (Include pregnancy within 3 months of death) 107

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 Geo. H. Krigau (M. D. or other) Address 3442 Gualdone Ave Date signed 1/11/44

WHILE FILLING IN—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD.

Dr. Haeger 3442 Herald

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address. 2223 St. Louis

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.