

FILED APR 26 1944 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 3566

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:
Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community _____
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Sarah Ellen Rebstock

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Earl O. Rebstock 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased April 6 1881
(Month) (Day) (Year)

8. AGE: Years 63 Months 0 Days 8 If less than one day hr. min.

9. Birthplace Howell County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Unknown Scridner

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

14. Maiden name Unknown

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

16. (a) Informant Mr. Earl Rebstock

(b) Address Pomona, Mo.

17. (a) Burial (b) Date thereof 4-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dripping Springs, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) APR 18 1944 J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell 46
(c) City or town Pomona NR.
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1944 hour 6:15 minute A. M.

21. I hereby certify that I attended the deceased from 4-5-43
4-14 1944 to 1944

that I last saw her alive on 4-14 1944
and that death occurred on the date and hour stated above.

Immediate cause of death:
Carcinoma pancreas.
Liver + Gall bladder.

Due to Primary in pancreas

Due to Hypertension

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

Major findings: Stone in Gall bladder
Ca. head pancreas.
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?

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

23. Signature W. Cappel (M. D. or other)
Address 3284 Franklin Ave Date signed 4/14/44

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

3566

3566

MAY 2 1958

DEC 23 1951

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. Hoffer*

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.