

FILED APR 20 1944

318

1002

3289

Registration District No.

Primary Registration District No.

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

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... 063
(c) City or town... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No... 1343 S. 10th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country..... 17

3. (a) PRINT FULL NAME Rose Rehtin

3. (b) If veteran, name war No 3. (c) Social Security No. -----

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

6. (b) Name of husband or wife Anton J. 6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased February 21 1883
(Month) (Day) (Year)

8. AGE: Years 61 Months 1 Days 16 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Theodor Buengens

13. Birthplace Aachen Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Margaret Meeller

(b) Address 1343 S. 10th St.

17. (a) Burial (b) Date thereof 4/10/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS Peter and Paul

18. (a) Signature of funeral director Wm E. Magdell
(b) Address 1926 Allen Ave.

19. (a) APR 10 1944 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr Day 17 Year 1944 hour 12:00 M. P.

21. I hereby certify that I attended the deceased from Apr 17 to Apr 17, 1944
that I last saw her alive on Apr 7 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma
Acute renal failure
Due to Acabatis Mellitus

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

Major findings:
Of operations.....
Of autopsy.....

Duration

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 D. S. Gaud (M. D. or other) MD
Address 5125 S. Grand Date signed 4/8/44

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

MOTHER FATHER

JUN 19 1961

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 J. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Allen Ave

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.