S. No. 2
1—8-43
5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29847

FILED SEP 18 1944

Registration District No. 3118 Primary Registration District No. 1003 Registrar's No. 7828

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: Deaconess Hospital
(If not in hospital or institution, write street number or location) 0

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

In this community 21 Days

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Overland NR 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3515-Roy Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Daisy May Rebson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife William T

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased MAY (Month) 6 (Day) 1884 (Year)

8. AGE: Years 60 Months 4 Days 3 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Peter Johnson
13. Birthplace Denver (City, town, or county) Colo 1 (State or foreign country)

MOTHER
14. Maiden name Catherine Busse
15. Birthplace Denver (City, town, or county) Colo. 1 (State or foreign country)

16. (a) Informant William T. Rebson
(b) Address 3515-Roy Ave-Overland, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-11-44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bannan Bros Inc
(b) Address 2504-Woodson Rd-Overland

19. (a) SEP 11 1944 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9th year 1944 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 19-21st 1944, to Sept 9 1944, that I last saw her alive on Sept 9 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chr. Hypertrophy Cardiac failure. Acute Heart 460-942 — Duration 4 yrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

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 J. A. Kessler (M.D. or other)

Address 915 Mo. Bldg. Date signed 9/10/44

(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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.