

S. No. 2
M-3-13
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22456

State File No. _____

FILED JUL 20 1945
Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. 6037

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: Little Flower Retreat House
(If not in hospital or institution, give name and location)

(d) Length of stay: In hospital or institution 3 years
(Specify whether years, months or days)

In this community _____
years, months or days

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. 4348 S. Simpson Ave.
2500 S. 18th
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Rehme

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

6. (a) Single, married, divorced, single

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

7. Birth date of deceased May 8, 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1945 hour 8 minute 59 P.M.

21. I hereby certify that I attended the deceased from May 18th 1945, to July 9th 1945
that I last saw her alive on July 9th 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 84 Months 2 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name Gerhard Rehme

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

14. Maiden name Louise Holtmann

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

16. (a) Informant John P. Rehme

(b) Address 4121 Nebraska Ave

17. (a) Rurial (b) Date thereof 7/12/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz

(b) Address 2842 Pershing St

19. (a) JUL 11 1945 (b) J. T. Brudick
(Date received local registrar) (Registrar's signature)

Immediate cause of death Chronic Intestinal Carcinoma of the Intestines?

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 Paul B. Wehler M. D. or other M.D.
Address 1915 S. Sidney St Date signed 7/11/45

Duration

2 months

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 *Ronald O Yahrke*

Licensed Embalmer No. *3917*

P. O. Address *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.