

Registration District No. **1 1945 318**

Primary Registration District No. **1002**

Registrar's No. **7343**

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town City of St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Alexian Brothers
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days
(Specify whether)

In this community 64 Years
(years, months or days)

3. (a) PRINT FULL NAME Roscoe C. Reber

3. (b) If veteran, name war None

3. (c) Social Security No.

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

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

7. Birth date of deceased December 23, 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>7</u>	<u>28</u>	hr. min.

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

10. Usual occupation Guard

11. Industry or business Scullin Steel Co.

12. Name Tinia S. Reber

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

14. Maiden name Louise Schwartz

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

16. (a) Informant Mrs. Virginia Reber

(b) Address 3529 Bingham

17. (a) Cremation (b) Date thereof 8-23-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 So. Grand Blvd.

19. (a) Aug 23 1945 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 60.

(c) City or town City of St. Louis 17/15
(If outside city or town limits, write "RURAL")

(d) Street No. 3529 Bingham
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 21st day August
year 1945 hour minute P. M.

21. I hereby certify that I attended the deceased from Aug 15 1940 to Aug 21 1945
and that I last saw him alive on Aug 20 1945
and that death occurred on the date and hour stated above.

Immediate cause of death:
Apoplexy
about myocardial failure

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 93 - a

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?

(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 John Stout Red (M. D. or other) MD
Address 5840 California Date signed 8-23-45

Duration

9 days
5 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Virgil L. Berryman*.....

..... Licensed Embalmer No. *4018*.....

P. O. Address..... *St. Louis, 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.