

U.S. No. 2  
FORM-5-43  
REV. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39676**  
**11117**  
Registrar's No. \_\_\_\_\_

**FILED** JAN 25 1946  
318  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
St. Louis City Hospital-Max C. Starkloff Memorial  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days  
(Specify whether in this community \_\_\_\_\_ years, months or days)

In this community 14 days  
(Specify whether 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. 2805 Geyer Avenue  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ALICE REBMAN

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female / 5. Color or race white

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased September 4 1875  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19th  
year 1945 hour 1:40 minute A M.

21. I hereby certify that I attended the deceased from 12/17/45  
\_\_\_\_\_ 19\_\_\_\_ to 12/19/45 \_\_\_\_\_ 19\_\_\_\_

that I last saw h. er alive on 12/19/45 \_\_\_\_\_ 19\_\_\_\_

and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

72	3	15	hr. _____ min. _____
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Immediate cause of death Congestive heart failure

Due to arterio-sclerotic heart disease

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace Frederick, Illinois  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy none permitted

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

10. Usual occupation house-wife

11. Industry or business \_\_\_\_\_

12. Name George Utter

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

14. Maiden name Pricilla Ward  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Edith Mueller

(b) Address 2805 Geyer Avenue

17. (a) Removal (b) Date thereof 12-20-45  
(City, town, or county) (Month) (Day) (Year)

(c) Place: burial or cremation Beardstown, Illinois

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? \_\_\_\_\_

18. (a) Signature of funeral director A. N. McLaughlin

(b) Address 2301 Lafayette Avenue

While at work? \_\_\_\_\_  
(Specify type of place) (c) Means of injury

23. Signature J. F. Bredeck 1515 Lafayette 12/19/45  
(Date received from registrar) (Registrar's signature) (City or town) (County) (State) (Date signed)

19. (a) DEC 19 1945  
(Date received from registrar)

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

MOTHER FATHER

**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.....

*C. W. Cooper*

Licensed Embalmer No.....

*3830*

P. O. Address.....

*2317 Lafayette av*

**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.**