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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 816

FILED JAN 25 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 424

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: 1215 Amherst Pl.
(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 660
(c) City or town St. Louis 677
(If outside city or town limits, write "RURAL")
(d) Street No. 1215 Amherst Pl. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Sophia C. Rehm

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Gottlieb Rehm

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

7. Birth date of deceased January (Month) 25 (Day) 1860 (Year)

8. AGE: Years 85 Months 11 Days 14 If less than one day hr. min.

9. Birthplace Ste. Genevieve (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry L. Wilder
13. Birthplace Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Fosine Jokerst
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Dorothea L. Rehm
(b) Address 1215 Amherst Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-46 (Month) (Day) (Year)
(c) Place: burial or cremation Ste. Genevieve, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JAN 14 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9 year 1946 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 15 1944 to Jan 9 1946 that I last saw h alive on Jan 9 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Chronic
Due to senile
Due to
Other conditions (Include pregnancy within 3 months of death) 92

Duration

Major findings: Of operations
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 P B Cappel (M. D. or other) MD
Address 3284 Ivanhoe Date signed 1-10-46

(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 Thomas K. Caldwell

Licensed Embalmer No. 4077

P. O. Address.....

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.