

S. No. 2  
M-8-43  
5-17-39  
P-1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11856

State File No. \_\_\_\_\_

Registration District No. 27 APR 12 1946

Primary Registration District No. 4469

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Ste. Genevieve Mo  
(b) City or town Ste. Genevieve Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ste. Gen 95  
(c) City or town Ste Genevieve Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HENRY S. REHM

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16  
year 1946 hour 12 minutes 07 P. M.

21. I hereby certify that I attended the deceased from Feb 7, 1946 to March 16, 1946  
that I last saw him alive on March 16, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute cardiac dilatation.

Duration

Due to Emphysema  
Due to Lober Pneumonia 10 Days

Other conditions: Pulmonary tuberculosis 6 yrs  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 13K  
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day  
66 3 26 hr. \_\_\_\_\_ min.

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

10. Usual occupation DENTIST

11. Industry or business D

12. Name Gottlieb Rehm

13. Birthplace Ste. Genevieve Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Sophia Wilder

15. Birthplace Ste. Genevieve Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Rehm M.D.

(b) Address Ste. Genevieve Mo

17. (a) BURIAL (b) Date thereon March 19 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ste. Genevieve Mo

18. (a) Signature of funeral director Genevieve H. Stanton

(b) Address Ste. Genevieve Mo

19. (a) 3-20-46 (b) Genevieve M. Karl  
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) JNO.  
Address Ste. Genevieve Mo Date signed 3-16-46

350

(Licensed Embalmer's Statement on Reverse Side)

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

10768

**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.....

*Jerome H. Stanton*

Licensed Embalmer No... *3817* .....

P. O. Address... *St. Gueneve* .....

**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.**