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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1947

#65545

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6852

Registrar's No. 2290

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
(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

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

(d) Street No. 2616 N 10th st.
Memorial (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Adelbert Reibell

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased August 1st 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
83	7	3	hr. min.

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

10. Usual occupation None

11. Industry or business

FATHER
12. Name Goddard Reibell
13. Birthplace (City, town, or county) France (State or foreign country)

MOTHER
14. Maiden name Henrietta Collins
15. Birthplace (City, town, or county) France (State or foreign country)

16. (a) Informant Katherine Hackett
(b) Address 2616 N 10th st.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/1947 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director A. Kron L & U. Co
(b) Address 2707 N Grand lyd

19. (a) MAR 6 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th year 1947 hour 9:25 minute P M.

21. I hereby certify that I attended the deceased from 12/3/46, 19, to 3/4/47, 19; that I last saw him alive on 3/4/47, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Vascular Accident	3 Mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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 John J. Shumer M.D. (M. D. or other)

Address 1515 Lafayette Date signed 3/5/47

(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: Stanley H. Dixon

Licensed Embalmer No. 4193

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.