

No. 2
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-17-39
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DEPARTMENT OF COMMERCE -
BUREAU OF THE CENSUS
FILED MAR 31 1948

UNITED STATES BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **11436**
Registrar's No. **2939**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3yrs 1mo 17das
28years (Specify whether years, months or days)

3. (a) PRINT FULL NAME EDWARD REHG
3. (b) If veteran, _____ **3. (c) Social Security** _____
name war _____ No. _____

4. Sex male **5. Color race** white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased April 17 1875
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Shoemaker

11. Industry or business _____

12. Name John Rehg

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

14. Maiden name Barbara Rehg

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

16. (a) Informant Thelma A. Dugler
(b) Address 5400 Arsenal St.

17. (a) burial **(b) Date thereof** Mar. 20, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Wacker Helderle
(b) Address 3634 Gravois St. Louis, Mo

19. (a) MAR 19 1947 **(b) J. F. Bradeck**
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County oae
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 904 N. Taylor Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th
year 1947 hour 10:00 minute P. M.
21. I hereby certify that I attended the deceased from Jan. 20 1944 to March 17 1947
that I last saw h. im alive on March 17 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____ **Duration**
Myocardial Infarction 30min.
Generalized Arteriosclerosis
Due to _____ 5 yrsx.

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy Yes
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?

While at work? _____ (Specify type of place)
(a) Means of injury _____
23. Signature L. H. Vickers (M. D. or other) S.M.D.
Address 5400 Arsenal St **Date signed** 3/17/47

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

MOTHER FATHER

Handwritten mark

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 *Robert Wheeler*

Licensed Embalmer No. *2128*

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.