

FILED MAR 31 1947

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 590

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution since 10-12-46
(Specify whether years, months or days)
 In this community 53 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4616 Bessie Avenue
(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 13
 year 1947 hour 9:51 minute P. M.

21. I hereby certify that I attended the deceased from
October 12, 1946, 19___, to March 13, 1947, 19___;
 that I last saw him alive on March 13, 1947, 19___;
 and that death occurred on the date and hour stated above.
 Immediate cause of death CIRRHOSIS OF THE LIVER Duration _____

Due to _____
 Due to _____

Other conditions BRONCHIAL PNEUMONIA
(Include pregnancy within 3 months of death)

Major findings: Paracenteses

Of autopsy Autopsy performed (SEE CAUSE OF DEATH)

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) no
 (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 L. E. Stivers (M. D. or other) _____
 Address Vet. Adm. Hosp., Jeff. Bks., Mo. date signed 3-14-47

3. (a) PRINT FULL NAME REBSCHER, Peter J.

3. (b) If veteran, name war World War I 3. (c) Social Security No. unknown

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 1 1893
(Month) (Day) (Year)

8. AGE: Years 53 Months 7 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Saloon Owner

11. Industry or business _____

12. Name Peter J. Rebscher

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

14. Maiden name Anna (Maiden Name Unknown)

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

16. (a) Informant Registrar, Veterans Adm. Hospital

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (b) Date thereof March 17, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery.

18. (a) Signature of funeral director Calvin F. Reutz Funeral

(b) Address Home, 4828 Natural Bridge, St. Louis

19. (a) 3-17-47 (b) Reutz
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

APR 9 1947

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..... *Ralph C. Lindner*.....
Licensed Embalmer No. *4275*.....
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.