

No. 2
-1/47
-17-39

Registration District No. **318**

Primary Registration District No.

Registrar's No. **6053**

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: **Deaconess Hospital 0**
(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 **Franklin 36**
(c) City or town..... **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **2 Miles East of Berger 0**
(If rural, give location)
(e) Citizen of foreign country?.....
(Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Henry Fritz Rehemeyer**
3. (b) If veteran, name war..... **No**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **21** year **1947** hour **5** min. **30 P.**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced..... **Widower**
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased: **February 21 1861**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 16** 19**47** to **June 21 1947**
that I last saw him alive on **June 21 1947**
and that death occurred on the date and hour stated above.
Duration

8. AGE: Years Months Days If less than one day
86 4 0 hr. min.

Immediate cause of death:
**Cholelithiasis acute
Carcinoma of Pancreas**

9. Birthplace: **West Pahlen Germany 7**
(City, town, or county) (State or foreign country)

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

10. Usual occupation: **Farmer**

Major findings:
of operations: **Empyema of Gall bladder Carcinoma of head of Pancreas**
of autopsy:
PHYSICIAN
Underline the cause of which death should be charged statistically.

11. Industry or business.....
12. Name: **Frederick Rehemeyer 4**
13. Birthplace: **Germany 4**
(City, town, or county) (State or foreign country)
14. Maiden name: **Caroline Horstmann**
15. Birthplace: **Germany 4**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. Henry Fallbeck Jr.**
(b) Address: **Berger, Missouri.**

22. If death was due to external causes, fill in the following:

17. (a) **Burial** (b) Date thereof: **6-24-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: **Berger, Mo.**

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)

18. (a) Signature of funeral director: **Paul Blumer**
(b) Address: **Berger, Mo.**

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....
While at work..... (Specify type of place)
Means of injury..... **1)**

19. (a) **JUN 23 1947** (b) **J. F. Rehemeyer**
(Date received local registrar) (Registrar's signature)

23. Signature: **John W. Stewart** (M. D. Underwriter)
Address: **4660 Maryland** Date signed: **6/23/47**

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

MOTHER FATHER

SEP 2 1947

FEB 23 1955

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

John S. Demme

Licensed Embalmer No. 4194

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.