. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43419

FILED DEC 22 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11417

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

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: 4616 Bessie Ave
(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 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4616 Bessie Ave 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Peter Rebscher

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Anna Rebscher

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased September (Month) 1 (Day) 1865 (Year)

8. AGE: Years 82 Months 3 Days 12 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation Retired Painter

11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Anna Rebscher
(b) Address 4616 Bessie Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 16 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Calvin F Feutz
(b) Address 4828 Nat Bridge Blvd

19. (a) DEC 15 1947 (Date received local registrar) (b) J. F. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13 year 1947 hour 12. minute 15 P. M.

21. I hereby certify that I attended the deceased from Aug. 7, 1945, to Dec. 13, 1947, that I last saw him alive on Dec. 13, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure
Hypertensive - cardio-renal - vascular disease

Due to

Due to

Other conditions Bronchial asthma
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: Several years

PHYSICIAN
Underline the cause of 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 0

23. Signature John Foster M.D. (M. D. or other)
Address 4703 Carter Ave. St. Louis Date signed 12-15-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

4703 Carter
505677
10-12

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 L. Linders

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.