No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED MAR 4 1948

1003

State File No. 6923

Registration District No. 318

Primary Registration District No.

Registrar's No. 1797

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: St. John's Hospital
(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. 4771 Cote Brilliante Ave 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Rosemary Repp

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased December (Month) 10. (Day) 1944 (Year)

8. AGE: Years 3 Months 2 Days 10 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Clarence Repp 0
13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mr. Clarence Repp
(b) Address 4771 Cote Brilliante

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/23/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon Cemetery

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20th year 1948 hour 10:25 minute P. M.

21. I hereby certify that I attended the deceased from 2/19/48, 19, to 2/20/, 1948 that I last saw ex alive on 2/20, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute pulmonary oedema	1 hr
Due to: Early fulminating pneumonia	few hours.
Due to: undetermined infectious agent prob. virus	1 or 2 days
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: Ac pulmonary oedema Very early pneumonia	

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 [signature] (M. D. or other)

Address 2322 N. Kingshighway Date signed 2/21/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Mc Guire (2-4)
2322 N. Kingshighway

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 Warren A. Carver

Licensed Embalmer No. 3534

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.