S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19925

Registration District No. 159 Primary Registration District No. 5595 Registrar's No. 21

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Victoria (Central)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 mi North east of Victoria
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jefferson 50
(c) City or town Victoria 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mi N.E. of Victoria 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME MARY REHM
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife Julius Rehm
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 8 1866 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	0	7	hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation at home
11. Industry or business —
FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Elizabeth Reichert
15. Birthplace unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Clara Wonsack
(b) Address Hematite Rt. 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16 1948 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery Debato
18. (a) Signature of funeral director D B Detrick
(b) Address Debato Mo
19. (a) 5/24/48 (Date received local registrar) (b) Kathleen Marsden (Registrar's signature) 141

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1948 hour 8 minute 15 P.M.
21. I hereby certify that I attended the deceased from 15 May 1948, to 15 May 1948;
that I last saw her alive on 15 May 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchio-Pneumonia	4 days
Due to cont - unknown -	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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? (Specify type of place)
While at work? — (e) Means of injury —
23. Signature Noel V. McInnistry (M. D. or other) M.D.
Address Desoto Mo Date signed 15 May 48

(Licensed Embalmer's Statement on Reverse Side)

AUG 5 1948

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 4104

P. O. Address Debate No.

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.