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. 34922

FILED OCT 23 1948

Registration District No. 517

Primary Registration District No. 3063

Registrar's No. 2482

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 23 Arundel Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 46 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 23 Arundel Place
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lillyan P. Rehfeldt
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 M.
6. (b) Name of husband or wife Arthur W. Rehfeldt
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased March (Month) 17 (Day) 1877 (Year)

8. AGE: Years 71 Months 6 Days 1 If less than one day hr. min.

9. Birthplace Jacksonville, Ills. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Geo. Porten
13. Birthplace Jacksonville, Ills. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Jennie Tendick
15. Birthplace Jacksonville, Ills. (City, town, or county) (State or foreign country)

16. (a) Informant Arthur W. Rehfeldt
(b) Address 23 Arundel Pl.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-21-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove
18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar
19. (a) 9-20-48 (Date received local registrar) (b) Lena J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18
year 1948 hour 7: minute 00 A. M.

21. I hereby certify that I attended the deceased from August 29 1948 to September 18 1948
that I last saw her alive on September 1948
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Myocarditis (chronic) | 2 |
| Due to General arterio-sclerosis | 2 |
| Due to | |
| Other conditions Multiple Arthritis (Include pregnancy within 3 months of death) | 6 yrs |

Major findings:
Of operations
Of autopsy

93d

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

23. Signature H. Louis Schuchat (M. D. or other)
Address 3866 Flora Place Date signed 9-18-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

10 [illegible]

Dr. Lewis W. Schuchat.

## 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 Jos. E McCulloh

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

**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.**