

FILED APR 1 1949

STANDARD CERTIFICATE OF DEATH

State File No. 10547

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2496			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY <i>Mad</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17 9			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3776 Lee Ave				d. STREET ADDRESS (If rural, give location) 3776 Lee Ave				D	
3. NAME OF DECEASED (Type or Print) Robert			a. (First)			b. (Middle)			
c. (Last) Rebesberger			4. DATE OF DEATH March 16 1949			5. SEX Male			
6. COLOR OR RACE White			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single			8. DATE OF BIRTH January 27 1860			
9. AGE (In years last birthday) 89			IF UNDER 1 YEAR Months 1			IF UNDER 2 HRS. Days 19			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Baker			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Brooklyn N.Y.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Henry Rebesberger			13b. MOTHER'S MAIDEN NAME Unknown			
14. NAME OF HUSBAND OR WIFE			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME Mrs William Huebner			ADDRESS 3776 Lee Ave						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic Heart Disease</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Generalized Arterio-sclerosis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 6 yrs.? ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Heart</i>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <i>Jan. 5, 1943</i> , to <i>March 17, 1949</i> , that I last saw the deceased alive on <i>March 17, 1949</i> , and that death occurred at <i>1:55 P.M.</i> , from the causes and on the date stated above.									
23a. SIGNATURE <i>C. R. Sheffler</i>				(Degree of title) <i>M.D.</i>		23b. ADDRESS <i>6347 Grand, St. Louis 3, Mo.</i>		23c. DATE SIGNED <i>3-18-49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <i>March 19 1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Friedens</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Co Mo</i>			
DATE REC'D BY LOCAL REG. MAR 19 1949		REGISTRAR'S SIGNATURE <i>J. B. Lacater</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>Calvin F Feutz</i>				
					ADDRESS <i>4828 at Bridge blvd</i>				

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John A. Mlinar

Licensed Embalmer No. *4186*

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.