

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

17615

4520

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

1. PLACE OF DEATH

a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis 46

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

Overland

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Firmin Desloge Hospital

STREET ADDRESS (If rural, give location)
3515 Roy Ave.

3. NAME OF DECEASED (Type or Print)

a. (First)

William

b. (Middle)

T.

c. (Last)

Rebson

4. DATE OF DEATH

(Month) (Day) (Year)
May 21, 1949

5. SEX

male

6. COLOR OR RACE

white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Dec. 20, 1881

9. AGE (In years last birthday)

67

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Furniture refinisher

10b. KIND OF BUSINESS OR INDUSTRY

retired

11. BIRTHPLACE (State or foreign country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY?

0

13a. FATHER'S NAME

Louis Rebson

13b. MOTHER'S MAIDEN NAME

unknown

14. NAME OF HUSBAND OR WIFE

Mrs. Daisy Rebson

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 ADDRESS
Arthur H. Rebson - 3515 Roy 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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

Congestive of lungs Pneumonia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

Ac. Gastro enteritis

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

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/20, 1949, to 5/21, 1949, that I last saw the deceased alive on 5/20, 1949, and that death occurred at 6:15A m., from the causes and on the date stated above.

23a. SIGNATURE

Thos. M. Marshall

(Degree or title)

23b. ADDRESS

634 no grand

23c. DATE SIGNED

5/21

24a. BURIAL, CREMATION, REMOVAL (Specify)

burial

24b. DATE

May 23, 1949

24c. NAME OF CEMETERY OR CREMATORY

Calvary

24d. LOCATION (City, town, or county)

St. Louis, Mo.

(State)

DATE REC'D BY LOCAL

MAY 23 1949

REGISTRAR'S SIGNATURE

J. B. Parson

25. FUNERAL DIRECTOR'S SIGNATURE

Drehmann-Harral - 1905 Union Blvd.

ADDRESS

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

Dr. Thomas Martin (2:30-4:30)
Mo. Theatre Bldg.

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 Warren A. Carter

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.