

FILED AUG 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23040

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>117</u>		PRIMARY REG. DIST. NO. <u>5436</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Gasconade</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Boulware Twp.</u>		c. LENGTH OF STAY (in this place) <u>62 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Near Bay Mo.</u>		37	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home near Bay Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>			b. (Middle) _____		c. (Last) <u>Rehmert</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 2 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 7 1859</u>		9. AGE (To years last birthday) <u>89</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>In home</u>		11. BIRTHPLACE (State or foreign country) <u>Swiss Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Jacob Boesch</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Kretley</u>		14. NAME OF HUSBAND OR WIFE <u>Fred Rehmert (Dead)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>*</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Geo. Rehmert Owensville Mo. Route 2</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarct</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis, chronic</u> DUE TO (c) <u>Advanced Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>10 yrs.</u> <u>10 yrs.</u> <u>47 1/2</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>6-30</u> , 1949, to <u>7-2</u> , 1949, that I last saw the deceased alive on <u>7-2</u> , 1949, and that death occurred at <u>2 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Paula Brenner, M.D.</u> (Degree or title)				23b. ADDRESS <u>Owensville, Mo.</u>		23c. DATE SIGNED <u>7-2-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-5-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Presbyterian</u>		24d. LOCATION (City, town, or county) (State) <u>Bay Missouri</u>		
DATE REC'D BY LOCAL REG. <u>7/4/49</u>		REGISTRAR'S SIGNATURE <u>D. M. Mendenhall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Welford H. H. Wicker Owensville</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

RECEIVED
AUG 4 1949
District Health Officer No. 9,
District File Number

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Melvin H. N. Wente

Licensed Embalmer No.

3838

P. O. Address

Quincyville

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.