

FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32427
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3066</u>		Registrar's No. <u>3019</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>X</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kirkwood</u>)		c. LENGTH OF STAY (in this place) <u>16 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MARINE HOSPITAL</u>				d. STREET ADDRESS <u>6019 Odell</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carl</u>		b. (Middle) <u>Gustav</u>		c. (Last) <u>Rehm</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 16 1949</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>May 30, 1896</u>			
9. AGE (In years last birthday) <u>53</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>Salesman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Sears Roebuck Co</u>			11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>			
13a. FATHER'S NAME <u>William Rehm</u>			13b. MOTHER'S MAIDEN NAME <u>Lina Quass</u>			14. NAME OF HUSBAND OR WIFE <u>Angeline Rehm</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>W.W. 1 493-03-6489</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clinical Records, U.S. Marine Hosp. Kirkwood</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, asphemia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Renal tuberculosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>10 years</u> <u>1/6X</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION results of autopsy are <u>To be submitted when pathological results are known</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		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 <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>Sept. 1, 1949</u> , to <u>Sept. 16, 1949</u> , that I last saw the deceased alive on <u>Sept. 16, 1949</u> , and that death occurred at <u>1:00 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>V. J. Dorset, Sr., Surg., USPHS</u> (Degree of title)				23b. ADDRESS <u>U.S. Marine Hospital, Kirkwood Mo</u>		23c. DATE SIGNED <u>9-16-49</u>			
24a. BURIAL REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-19-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery, St. Louis, Missouri</u>		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. <u>9-17-49</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Blouck, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WEICK Bro. and Co.</u>		ADDRESS <u>2201 S. Grand</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

3-G

OCT 25 1940

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed *James R. Durr*

Licensed Embalmer No. *4527*

P. O. Address *2201 S. Grand*

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.