

No. 300
10.48

FILED OCT 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35935

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4153

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ballwin Mo.		c. LENGTH OF STAY (in this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Nursing Home				d. STREET ADDRESS (If rural, give location) 4235 Oakwood Ave.	

3. NAME OF DECEASED a. (First) William (Type or Print)			b. (Middle) E.			c. (Last) Rebbing			4. DATE OF DEATH (Month) (Day) (Year) Oct. 13, 1949		
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5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 29, 1869		9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Machinest				10b. KIND OF BUSINESS OR INDUSTRY Fulton Iron Wks.				11. BIRTHPLACE (State or foreign country) unknown				12. CITIZEN OF WHAT COUNTRY? USA			
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13a. FATHER'S NAME Unknown				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Elizabeth Rebbing			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME Vincent Lynch				ADDRESS 5235 Oakwood Ave.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anteriosclerotic Heart Disease											
		ANTECEDENT CAUSES											
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General arteriosclerosis											
		DUE TO (c) —											
		II. OTHER SIGNIFICANT CONDITIONS											
		Conditions contributing to the death but not related to the disease or condition causing death. —											

19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				420.0				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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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)			
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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?			
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22. I hereby certify that I attended the deceased from **10-3-** 19**49**, to **10-11-** 19**49**, that I last saw the deceased alive on **10-11-** 19**49**, and that death occurred at **6 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Albert Ishie (Degree or title) MD				23b. ADDRESS 601 BRENT WOOD, CLAYTON				23c. DATE SIGNED 10-14-49			
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 15, 1949		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.					
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 14 1949		REGISTRAR'S SIGNATURE Herbert R. ...		25. FUNERAL DIRECTOR'S SIGNATURE William ...		ADDRESS 6175 Delmar Blvd. St. L.					
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

- RECEIVING DESK
COUNTY HOSPITAL

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 Joe, E McCallister
Licensed Embalmer No. 2460
P. O. Address 6175-Dell

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.