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FILED DEC 19 1949

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

417442

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>427</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Hannibal</u>		d. STREET ADDRESS (If rural, give location) <u>308 N. 4th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. Elizabeth Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>308 N. 4th St.</u>			
3. NAME OF DECEASED (Type or Print) <u>Stephen</u>		a. (First)		b. (Middle) <u>Albert</u>		c. (Last) <u>Rehr</u>	
4. DATE OF DEATH <u>Dec. 1 1949</u>		(Month)		(Day)		(Year)	
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>April 24, 1895</u>	
9. AGE (In years last birthday) <u>54</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Board of Public Work</u>		11. BIRTHPLACE (State or foreign country) <u>Jerseyville, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William H. Rehr</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Albert</u>		14. NAME OF HUSBAND OR WIFE <u>Dorothy</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. ....		17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy Rehr</u>		18. ADDRESS <u>308 N. 4th Hannibal Mo</u>		19. MEDICAL CERTIFICATION	
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ca. of lung</u>  ANTECEDENT CAUSES <u>Metastatic Ca. - Brain</u>  DUE TO (b) <u>Metastatic Ca. - Brain</u>  DUE TO (c) <u></u>  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>163X</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) (Min.)	
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>July 20, 1949</u> , to <u>Dec. 1, 1949</u> , that I last saw the deceased alive on <u>Dec. 1, 1949</u> , and that death occurred at <u>12:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. Rehr</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Hannibal, Mo.</u>		23c. DATE SIGNED <u>12-7-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-5-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. Marys Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Marion MO</u>	
DATE REC'D BY LOCAL REG. <u>12-7-49</u>		REGISTRAR'S SIGNATURE <u>W. H. Rehr</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James O. L. Ponnell</u>		ADDRESS <u>Hannibal Mo</u>	

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

RECEIVED DEC 15 1949  
MARION . HEALTH DEPT..  
DATE FILED DEC 15 1949

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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 Michael J O'Connell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.