

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39610

State File No. 9942

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9942

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital | | f. STREET ADDRESS (If rural, give location) 4508 Adelaide Avenue | |

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|---|--|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Agnes b. (Middle) B. c. (Last) Rehm | | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 6, 1951. | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | |
| 8. DATE OF BIRTH Feb./25/1882 | | 9. AGE (In years last birthday) 69 | | 10. IF UNDER 1 YEAR Months Days | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Ironton, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME James Cook | | 13b. MOTHER'S MAIDEN NAME Sarah Marshall | |
| 14. NAME OF HUSBAND OR WIFE Mr. Charles Rehm | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT'S SIGNATURE OR NAME Charles Rehm | | 18. ADDRESS 4508 Adelaide Ave. | | | |

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|--|--|--|--|--|---|
| 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) Carcinoma of Ovary with metastases, with partial obstruction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) metastases, with partial obstruction DUE TO (c) obstruction 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 10/8/51 | | 19b. MAJOR FINDINGS OF OPERATION Exploratory + Colostomy & biopsy | | | 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) | |
| 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? 175X | |

22. I hereby certify that I attended the deceased from **10/7**, 19**51**, to **11/6**, 19**51**, that I last saw the deceased alive on **10/6**, 19**51**, and that death occurred at **12:45P** m., from the causes and on the date stated above.

| | | | | | |
|---|--|--|--|--|--|
| 23a. SIGNATURE George A. Carroll M.D. (Degree or title) | | 23b. ADDRESS 607 N. Grand Ave | | 23c. DATE SIGNED 11/8/51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 11/9/1951. | | 24c. NAME OF CEMETERY OR CREMATORY St. Genevieve Cath. Cemetery | |
| 24d. LOCATION (City, town, or county) (State) St. Genevieve, Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son Inc. ADDRESS 2161 E. Fair Ave. | | | |

DATE REC'D BY LOCAL REG. **NOV 8 1951** REGISTRAR'S SIGNATURE **Paul Smith**

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

No. 300
10-48

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.....

Walter G. Bursley

Licensed Embalmer No. *42,02*

P. O. Address *St Louis 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.