

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33931

State File No. ....

8072

FILED SEP 24 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. ....

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

<b>I. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>576 1/2 Roosevelt Pl.</b>		e. STREET ADDRESS (If rural, give location) <b>576 1/2 Roosevelt Pl. 206 1/2</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Alvin</b> b. (Middle) <b>E</b> c. (Last) <b>Rehm</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 17 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, <sup>2</sup> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>Sept 11 1917</b>
9. AGE (In years; last birthday) <b>39</b>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Warehouseman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Steel</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo.</b>
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <b>Arthur Rehm</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Wehrmueller</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Grady Reeves 576 1/2 Roosevelt</b>
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.		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>  DUE TO (b) <b>Coronary Insufficiency</b>  DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4201</b>	
22. I hereby certify that I attended the deceased from _____, 19 <b>1953</b> , to _____, 19 _____, that I last saw the deceased alive on _____, 19 _____, and that death occurred at <b>7:50 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Patrick E. Taylor Coroner</b> (Degree or title)		23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>8. 19. 53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8/20/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Picker Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>
DATE REC'D BY LOCAL REG. <b>AUG 19 1953</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Sullivan's 2849 N. Euclid Ave.</b>	

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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.....  
Signature of Student Embalmer

Signed..... *Albert M. Affield*

Licensed Embalmer No. *30*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.