

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11304

State File No.

318

1003

Registrar's No. 2354

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 2354					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis				c. LENGTH OF STAY (in this place) 29 Yrs		c. CITY OR TOWN St. Louis		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 2625 Michigan Ave.				e. STREET ADDRESS (If rural, give location) 17 2625 Michigan Ave.				21770			
3. NAME OF DECEASED (Type or Print)			a. (First) William			b. (Middle) T.			c. (Last) Rehder		
4. DATE OF DEATH			a. (Month) March			b. (Day) 3			c. (Year) 1956		
5. SEX male			6. COLOR OR RACE white			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH Sept / II 1870		
9. AGE (In years last birthday) 85			10. KIND OF BUSINESS OR INDUSTRY Retired			11. BIRTHPLACE (City and State or Foreign Country) Hamburg Germany			12. CITIZEN OF WHAT COUNTRY? U. S.		
13a. FATHER'S NAME Edward Rehder				13b. MOTHER'S MAIDEN NAME Emma Schuman				14. NAME OF HUSBAND OR WIFE Martha Rehder			
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. 318-141687				17. INFORMANT'S SIGNATURE OR NAME Wm. E. Rehder 1405 Woodland R. H.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) old age.				INTERVAL BETWEEN ONSET AND DEATH 10 hrs 12 yrs			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 434.3				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)				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 Dec. 1949 to March 3 1956 that I last saw the deceased alive on March 3, 1956, and that death occurred at 9 P. M., from the causes and on the date stated above.											
23a. SIGNATURE Darlene J Johnson M.D.				23b. ADDRESS 6900 Meyer Road				23c. DATE SIGNED 3-5-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE Mar 7 1956				24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.			
24d. LOCATION (City, town, or county) (State) St. Louis Mo.				24e. DATE REC'D BY LOCAL REG. MAR 6 1956				24f. REGISTRAR'S SIGNATURE J. Carl Smith			
24g. FURNERAL DIRECTOR'S SIGNATURE McCullinane Bros.				24h. ADDRESS 3320 N. Kingshighway				25. FURNERAL DIRECTOR'S SIGNATURE			

(Licensed Embalmer's Statement on Reverse Side)

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

28

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 *Francis J. Highland*

Licensed Embalmer No. 45

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.