No. 300
10.48

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

FILED MAY 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19104

BIRTH NO: 35527-56 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1214

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN: Richmond Hts. (If inside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (In this place): 8 HOURS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. MARY'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY: MADISON
c. CITY OR TOWN: GRANITE CITY
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 2242 DELMAR AVE. 812 8

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) C. c. (Last) Rehogan
4. DATE OF DEATH: (Month) 5 (Day) 15 (Year) 56
5. SEX: M
6. COLOR OR RACE: white
7. [redacted], NEVER MARRIED: new born
8. DATE OF BIRTH: 5-14-56
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 6 Min. 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT
10b. KIND OF BUSINESS OR INDUSTRY: INFANT
11. BIRTHPLACE (City, State or Foreign Country): Richmond Hts., MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: CLEM REHAGEN
13b. MOTHER'S MAIDEN NAME: MARGARET SHERIDAN
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Clem Rehagen ADDRESS: 2242 Delmar

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Erythroblastosis fetalis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

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
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* birth 5-14, 1956 *to* death 5-15, 1956 *that I last saw the deceased alive on* 5-15, 1956, *and that death occurred at* 1:20 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Erwin T. Huber (Degree or title) MD.
23b. ADDRESS: Mo Theatre Bldg.
23c. DATE SIGNED: 5-15-56
24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 5-15-56
24c. NAME OF CEMETERY OR CREMATORY: Local
24d. LOCATION (City, town, or county) (State): GRANITE CITY ILL.
DATE REC'D BY LOCAL REG. 5-15-56
REGISTRAR'S SIGNATURE: Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE: Henry J. Bieger ADDRESS: Grant City, Ill

(Licensed Embalmer) (Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by NOT EMBALMED, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Henry J. Bizyen

Licensed Embalmer No.....

P. O. Address Granite

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