FILED NOV 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 39728

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9919

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION: 4358 Gertrude Ave. — Length of stay in 1b: 2 Dr

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☐ No ☐
STREET ADDRESS (If outside, give location): 4358 Gertrude Ave. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: JOHN Middle: C. Last: REHM

4. DATE OF DEATH Month: Oct. Day: 28 Year: 1956

5. SEX: Male **6. COLOR OR RACE:** White **7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH: March 24, 1863 **9. AGE** (In years last birthday): 93 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman (Retired) **10b. KIND OF BUSINESS OR INDUSTRY:** National Lead Co.

11. BIRTHPLACE (City and state or country): Germany **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13. FATHER'S NAME: Henry Rehm

14. MOTHER'S MAIDEN NAME: Louise Hicken

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT Address: Anna C. O'Donnell 4358 Gertrude

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Auricular Fibrillation, Arteriosclerotic Ht. Disease - unknown
DUE TO (c): 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Generalized Arteriosclerosis & Chronic Congestive Ht. Failure — **19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐ **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **20e. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.) **20f. CITY, TOWN, OR LOCATION** COUNTY STATE

21. I attended the deceased from Oct 25, 56 to Oct 28, 56 and last saw him alive on Oct 28, 56
Death occurred at 3:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph V. O'Donnell, M.D. **22b. ADDRESS:** 5539 N. Grand, St. Louis, Mo. **22c. DATE SIGNED:** Oct 30, 56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE:** Oct. 31, 1956 **23c. NAME OF CEMETERY OR CREMATORY:** S/S Peter & Paul Cem. **23d. LOCATION** (City, town, or county) (State): St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS: Kriegshauser 4228 S. Kingshighway **25. DATE RECD. BY LOCAL REG.:** OCT 30 1956 **26. REGISTRAR'S SIGNATURE:** J. Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William B. Welsh.....

Licensed Embalmer No. [illegible]

P. O. Address [illegible]

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