Health, & Welfare Public Service

S. 300
1-57

FILED MAR 5 - 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-007705
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2339

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI — Inside Limits Yes [X] No [ ]

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 04 BARNES HOSPITAL — Length of stay in 1b 2 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Scott

c. CITY OR TOWN Bluffs — Inside Limits Yes [X] No [ ]

d. STREET ADDRESS 32 (If outside, give location) 812 — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First MINNIE Middle A. Last REBBE

4. DATE OF DEATH Month FEBRUARY Day 24, Year 1958

5. SEX Female

6. COLOR OR RACE White

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH March 21,1892

9. AGE (In years last birthday) 65 — 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) Housework

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and state or country) Bluffs,Ill.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Henry Rebbe

13b. MOTHER'S MAIDEN NAME Mary Meier

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. 350-26-9275

17. INFORMANT Mrs.Anna Vortman, Address Bluffs,Ill.

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) LYMPHOSARCOMA, PRIMARY SITE STOMACH — INTERVAL BETWEEN ONSET AND DEATH 1½ YEARS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c) 2001

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [X] 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 FEB. 1, 1958 to FEB. 24, 1958 and last saw her/him alive on FEB. 24, 1958
Death occurred at 9:50 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A. L. Vermillion, M.D. M. D.

22b. ADDRESS BARNES HOSPITAL

22c. DATE SIGNED 2/25/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 2-25-58

23c. NAME OF CEMETERY OR CREMATORY Green Cemetery

23d. LOCATION (City, town, or county) (State) Bluffs,Ill.

24. FUNERAL DIRECTOR Albert H.Hoppe, ADDRESS 4700 Washington Blvd.

25. DATE RECD. BY LOCAL REG. FEB 26 '58

26. REGISTRAR'S SIGNATURE J. Earl Smith MD MJB.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 John S Dennehy

Licensed Embalmer No. 4194

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

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