

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042911

STATE FILE NUMBER

FILED DEC 8 1958 Registration District No. 319 Primary Registration District No. 7469 Registrar's No. 75

300
-57

1. PLACE OF DEATH a. COUNTY <i>Ste. Genevieve</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>STE GENEVIEVE</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Ste. Genevieve</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>STE GENEVIEVE</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>46 S MAIN</i>	Length of stay in lb <i>LIFE</i>	d. STREET ADDRESS (If outside, give location) <i>46 S MAIN</i>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Joseph</i> Middle <i>H.</i> Last <i>Rehm</i>			4. DATE OF DEATH Month <i>Nov.</i> Day <i>29</i> Year <i>58</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>March 14, 1872</i>	9. AGE (In years last birthday) <i>86</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Salesman</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>CLOTHING</i>	11. BIRTHPLACE (City and state or country) <i>Ste. Genevieve Co.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Frank Rehm</i>		13b. MOTHER'S MAIDEN NAME <i>Caroline Bieser</i>		14. NAME OF HUSBAND OR WIFE <i>Josephine Gisi</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>492-09-2107</i>	17. INFORMANT <i>Mrs. Joseph H. Rehm, Ste. Genevieve Mo</i>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Sclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs</i> <i>10 yrs</i>
Conditions, if any, which gave rise to, above cause (a), stating the underlying cause last.	DUE TO (b) <i>Chronic Myocarditis</i>	
	DUE TO (c)	
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>4201</i>	
20c. TIME OF INJURY Hour <i>2:45</i> Month, Day, Year a.m. <i>11</i> p.m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <i>1928</i> to <i>Nov. 26/1958</i> and last saw him alive on <i>Nov. 28 1958</i> Death occurred at <i>245 W</i> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>Arthur E. Seymour M.D.</i>	22b. ADDRESS <i>Ste Genevieve Mo</i>	22c. DATE SIGNED <i>11-29-58</i>

23a. BURIAL, CREMATOR, or other final disposal (Specify)	23b. DATE <i>12/1/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Valle' Spring</i>	23d. LOCATION (City, town, or county) (State) <i>STE GENEVIEVE MO.</i>
24. FUNERAL DIRECTOR <i>Geo C. Barber</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>11-30-58</i>	26. REGISTRAR'S SIGNATURE <i>Paul Barber</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

DEC 22 1958

DEC 11 1958

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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 *Adrian J. Ehler*

Licensed Embalmer No. *4740*

P. O. Address *St. Xavier*

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.