MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-017582

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1279

FILED MAY 9 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 4031
2 4013
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4 0
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Saint Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Normandy — Length of stay in 1b: 4 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Normandy Osteopathic Hosp. — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: St Louis
c. CITY OR TOWN: Florissant — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 240 Maple Dr. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Russell — Middle: Martin — Last: Rehm
4. DATE OF DEATH: Month: April — Day: 24, — Year: 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12-29-1890
9. AGE (last birthday): 71 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Drug Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Drug Store
11. BIRTHPLACE (City and state or country): St. Genevieve, Mo.
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: Charles Rehm
13b. MOTHER'S MAIDEN NAME: Mary Basler
14. NAME OF HUSBAND OR WIFE: Adele Rehm
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.:
17. INFORMANT: Marie Prost — Address: 240 Maple Dr.

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): Acute Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Acute Congestive Heart Failure
DUE TO (c): Arteriosclerotic Heart Disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Adrenal Cortex Pneumonia
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 Dec. 1961, to April 24, 1962 and last saw him alive on April 24, 1962
Death occurred at 8 30 Am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. B. Murphy, M.D.
22b. ADDRESS: Florissant, Mo.
22c. DATE SIGNED: 4-24-62

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 4-27-62
23c. NAME OF CEMETERY OR CREMATORY: Calvary
23d. LOCATION (City, town, or county) (State): Ste. Genevieve, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Stanton Funeral Home, Ste. Genevieve, Mo.
25. DATE RECD. BY LOCAL REG.: 4-25-62
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

MAY 9 1962

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 _____ Signed Elton H. Remelius

Signature of Student Embalmer

Licensed Embalmer No. 4283

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.