

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40707

Registrar's No. 10478

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Jewish Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community born Here
 years, months or days _____

8. (a) PRINT FULL NAME Anna Rebstock

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife Wm. E. Rebstock 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 23, 1861
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 11 26 hr. min.

9. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Moran
 18. Birthplace Ireland
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Joyce
 15. Birthplace Birmingham England
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Corinne Schwarz
 (b) Address 3222 Hawthorne Blvd.

17. (a) Burial (b) Date thereof Dec. 21, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery18. (a) Signature of funeral director Wm. J. Robert & U. Co.(b) Address 1905 So. Grand Blvd.

19. (a) DEC 21 1940 (b) J. T. Proedtsch
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3222 Hawthorne Blvd.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19
 year 1940 hour 5. minute 43 P. M.

21. I hereby certify that I attended the deceased from Feb 1, 1940 to Dec 19 1940;

that I last saw her alive on Dec 19 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerotic heart disease Duration Some year

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)
Diabetes mellitus

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Albert E. Tammig (M. D. or other) M. D.
 Address 4500 Olive St. Date signed 12/20/40

FEB 17 1942

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed John Felt
Licensed Embalmer No. 3880
P. O. Address.....

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 this body is not embalmed, above space should be left blank.