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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
2000 FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 168

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 168

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: 3835 Detonty St 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis, Missouri 1717
(If outside city or town limits, write "RURAL")

(d) Street No. 3835 DeTonty Street 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mrs. Caroline Rehmund

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Fred Rehmund

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 20th, 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 17 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Jacob Knecht,
13. Birthplace (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Fannie Lewis
15. Birthplace (City, town, or county) 9 Unknown (State or foreign country)

16. (a) Informant Fred Rehmund
(b) Address 4186 Sacramento Av

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 9-41 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Beiderwieden Funl Home Inc
(b) Address 1936 St. Louis Avenue 8111

19. (a) JAN 8 1941 (Date received local registrar) (b) J. F. Beiderwieden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7th
year 1941 hour 12 minute 05 A. M.

21. I hereby certify that I attended the deceased from Nov. 1938, 19, to Jan 6 1941
that I last saw h alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Calcinoma of Lives — Duration 2 yrs.

Due to

Due to

Other conditions Arterio Sclerosis — 0
(Include pregnancy within 3 months of death)

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature W. A. Schelfer (M. D. or other)
Address 4724 Gravois Date signed 1-7-41

(Licensed Embalmer's Statement on Reverse Side)

Dr. W. A. Rohlfing
4724 Gravois

12-1

7-8:30

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 Harold Braun Registered Apprentice No. 257 working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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