

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

648

State File No.

FEB 23 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 648

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:
1837 S. 9th St.
(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)

3. (a) PRINT FULL NAME DR. ROBERT L. REBER

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret A. Reber

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased About 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About 65 Unknown hr. min.

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

10. Usual occupation Physician & Surgeon

11. Industry or business.....

MOTHER FATHER { 12. Name Alois Reber

13. Birthplace Bohemia
(City, town, or county) (State or foreign country)

14. Maiden name Christine Witofsky

15. Birthplace Bohemia
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret A. Reber

(b) Address 1837 S. 9th St.

17. (a) Burial (b) Date thereof Jan. 22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Wm. C. Maydell

(b) Address 1926 Allen Ave.

19. (a) JAN 21 1941 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 1837 S. 9th St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1941 hour 3 PM minute 15 M.

21. I hereby certify that I attended the deceased from May 1935 to July 19 1941
that I last saw him alive on July 19 1941
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to Hypertension

Due to.....

Other conditions (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: No

(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 Dr. Reber (M. D. or other)
Address 2840 California Date signed 1/20/41

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..... *Benj. L. Duncan*.....

Licensed Embalmer No. *2292*.....

P. O. Address..... *1926 Allen*.....

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, fact should be so stated above.