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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **769**

FEB 25 1941
Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **769**

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULLNAME Agnes Reb
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Female 5. Color or race Wht. 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Valentine Reb 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased July 5 1892
(Month) (Day) (Year)

8. AGE: Years 49 Months 6 Days 17 If less than one day
hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Edwin J. Hemp
13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Valentine Reb
(b) Address 2013 A S. 11 Str.

17. (a) Burial (b) Date thereof Jan. 24, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter & Paul

18. (e) Signature of funeral director W. G. Moyall
(b) Address 1926 Allen Ave.

19. (a) JAN 24 1941 (b) J. H. Bredeck
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 00
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 2317
(d) Street No. 2013a S. 11th St.
(If rural, give location) 9
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 22,
year 1941 hour 11:00 minute A. M.
21. I hereby certify that I attended the deceased from January
20, 19 41 to January 22, 19 41
that I last saw her alive on January 22, 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death
Cirrhosis of Liver
Due to W
Due to W

Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations W
Of autopsy W
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 R. J. Maxwell (M. D. or other) 0
Address 1515 Lafayette Avenue, Date signed 1/22/41

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

AUG 23 1943

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..... *Bernard C. Duncan*

Licensed Embalmer No. *3292*

P. O. Address *1926 Allen Avenue*

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.