

FILED NOV 6 1942

Registration District No. 219 Primary Registration District No. 1000 Registrar's No. 8990

1. PLACE OF DEATH:

(a) County _____

(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:
City Hospital #1.0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3/4 of a day
(Specify whether _____)

In this community _____
years, months or days) 1

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12/11

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 9/11

(d) Street No. 3832a Kennerly Avenue
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Walter A. Rehm

3. (b) If veteran, name war None

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 Charlotte Rehm 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased January 21, 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>9</u>	<u>7</u>	hr. min.

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

10. Usual occupation Paper Hanger

11. Industry or business _____

MOTHER FATHER { 12. Name George Rehm 117

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

14. Maiden name Emma Pitt

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

16. (a) Informant Charlotte Rehm

(b) Address 3832a Kennerly Avenue

17. (a) Burial (b) Date thereof 10/29/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Wm. F. Paschadeg

(b) Address 2825 North Grand Blvd.

19. (a) OCT 29 1942 (b) J. F. Brudick
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28
year 1942 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage of Colon

Due to Hemorrhage of Spleen

Due to Military Mucosal Ulcers of Stomach

Other conditions of Stomach
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy Pending

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 _____

23. Signature Thomas J. Callahan (M.D. or other) _____
Address Deputy Coroner Date signed 10/28/42

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

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.....

Licensed Embalmer No. 2991

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, fact should be so stated above.