V. S. No. 2
50M—9-4-41
Reg. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12668

FILED APR 1 1943

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 3128

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

APR 9 1943

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: 2918 Tamm Avenue /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 12

(c) City or town St. Louis, 39
(If outside city or town limits, write "RURAL")

(d) Street No. 2918 Tamm Avenue
(If rural, give location)

(e) Citizen of foreign country? 00 (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Louis R. Rebman

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 18, (Day) 1859 (Year)

8. AGE: Years 83 Months 8 Days 12 If less than one day hr. min.

9. Birthplace Liverpool, Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Pullman Conductor

FATHER
12. Name Phillip Rebman
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Woods
15. Birthplace U.S.A. /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Tillie A. Lee
(b) Address 2918 Tamm Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 2 (Day) 43 (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Wacker Helderle Und. Co
(b) Address 3634 Gravois Ave.

19. (a) APR 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1943 hour 2 minute 00 P.M.

21. I hereby certify that I attended the deceased from 8 years, 19, to 3/30/41, 19;
that I last saw him alive on 3/29/43, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Oremanic Poisoning — Duration 4 days

Due to Senility

Due to 132.2

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Hypertrophy Prostate
Of autopsy Not done

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 Walter H. Holfermann (M. D. or other)

Address 2602 S. Grand Date signed

(Licensed Embalmer's Statement on Reverse Side)

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. 2675

P. O. Address St Louis Mo

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.