

#11055  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** DEC 28 1945  
318

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**  
1003

State File No. 39681  
Registrar's No. 11062

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-Mex C. Starkloff  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days Memorial  
(Specify whether  
In this community 0 years, months or days)

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. 410 Dorcus  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Josephine Reibl  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Dev. 3  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec 31st 1873  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 18th  
year 1945 hour 7:15 minute A M.  
21. I hereby certify that I attended the deceased from 12/16/45  
19\_\_\_\_ to 12/18/45 19\_\_\_\_  
that I last saw her alive on 12/18/45 19\_\_\_\_  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
72 75 11 18 hr. \_\_\_\_\_ min.  
9. Birthplace Alsas Lorain  
(City, town, or county) (State or foreign country) 9  
10. Usual occupation At Home

Immediate cause of death Cerebral Hemorrhage  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 83 a!  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Leo Drengler  
13. Birthplace Alsas Lorain  
(City, town, or county) (State or foreign country) 8  
14. Maiden name Not Known  
15. Birthplace Not Known  
(City, town, or county) (State or foreign country) 9  
16. (a) Informant Charles Links  
(b) Address 410 Dorcus  
17. (a) Burial (b) Date thereof 13-31-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sun Set Burial Park  
18. (a) Signature of funeral director Th. J. Bredbeck  
(b) Address 3819 S Grand Blvd  
19. (a) DEC 19 1945 (Date received for registration)  
J. F. Bredbeck (Registrar's signature)

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) (a) Means of injury \_\_\_\_\_  
23. Signature James J. ... 1515 Lafayette  
Address \_\_\_\_\_ Date signed 12/18/45

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 J E Morris  
Licensed Embalmer No. 3360  
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.**