V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11564

State File No. 11564

FILED APR 5 1946

Registration District No. 318 Primary Registration District No. 100 Registrar's No. 2994

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: City Hosp.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2848 Pestalozzi St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Katie Rebsamen

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife William Rebsamen 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan. 10 1871 (Month) (Day) (Year)

8. AGE: Years 75. Months 2 Days 19 If less than one day hr. min.

9. Birthplace Youngstown (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER
12. Name John Pfund.
13. Birthplace Switzerland (City, town, or county) (State or foreign country)
14. Maiden name Catherine Bechtold
15. Birthplace Switzerland (City, town, or county) (State or foreign country)

16. (a) Informant William Rebsamen
(b) Address 2848 Pestalozzi St.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4-1-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director Witt Bros. & Co.
(b) Address 2929 S. Jefferson Av.

19. (a) MAR 30 1946 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 29 year 1946 hour 10 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 Fracture Right Wrist
Fracture Right Hip Arteriosclerosis
Confined to bed Demented Fell in the
Bath tub in the rear of her home at
Bly & Sutter on March 20 1946
Death about 10:45 a.m.

Duration

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:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence March 20 1946
(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? Home
(Specify type of place)
While at work? (e) Means of injury Fall

23. Signature (M. D. or other)
Address 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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 2929 So. Jefferson

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.