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

DEPARTMENT OF COMMERCE #54777
BUREAU OF THE CENSUS

FILED MAR 30 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11565

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2679

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:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 176

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

(d) Street No. 5637 Kennerly Avenue 1
Memorial (If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Rehg

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased July (Month) 5 (Day) 1874 (Year)

8. AGE: Years 71 Months 8 Days 14 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 11 (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace St Louis Co (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Mary Thienfeldt
15. Birthplace Gunard (City, town, or county) 4 (State or foreign country)

16. (a) Informant Marion Haffner 1
(b) Address 5637 Kennerly St Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-46 (Month) (Day) (Year)
(c) Place: burial or cremation Troy Mo

18. (a) Signature of funeral director Kemper Funeral Home
(b) Address Troy, Missouri

19. (a) MAR 21 1946 (Date received local registrar) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th year 1946 hour 12;00 minute Noon M.

21. I hereby certify that I attended the deceased from 3/2/46, 19, to 3/19/46, 19; that I last saw him alive on 3/19/46, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolus

Due to Hepatitis of unknown etiology

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 K. D. Gregory 1515 Lafayette 3/19/46 (Date 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~~ .....

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

working under my personal supervision.

Signed Alan K Muschany

Licensed Embalmer No. 4667

P. O. Address Clayton, 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.