

**FILED JUN 20 1946**  
318

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003** Registrar's No. **5196**

1. PLACE OF DEATH:

(a) County **St. Louis, MO**  
(b) City or town **St. Louis, MO**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **City Infirmiry Hospital**  
(If not in hospital or institution, write street number or location) **Oct 17-25 to June 9 1946**  
(d) Length of stay: In hospital or institution **June 9 1946** whether  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **ST. Louis, Mo** (If outside city or town limits, write "RURAL")  
(d) Street No. **2843 Kookuk** (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

**Elizabeth Reb**

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 **Widow**

6. (b) Name of husband or wife **Mathias Reb,**

6. (c) Age of husband or wife if alive \_\_\_\_\_ years **17 1874**

7. Birth date of deceased. **Jam.** (Month) **17** (Day) **1874** (Year)

8. AGE: Years **72** Months **4** Days **22** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Hungary** (City, town, or county) **4** (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business **Nil**

12. Name **Unknown**

13. Birthplace (City, town, or county) **Unknown** (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace (City, town, or county) **Unknown** (State or foreign country)

16. (a) Informant **City Infirmiry Hosp, Records**

(b) Address **5800 Arsenal ST**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **6/11/46** (Month) (Day) (Year)

(c) Place: burial or cremation **SS. Peter & Paul Cem.**

18. (a) Signature of funeral director **J. F. Bredesch**

(b) Address **2842 Meffane St**

19. (a) **JUN 11 1946** (b) **J. F. Bredesch** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **9** year **1946** hour **6** minute **10A** M.

21. I hereby certify that I attended the deceased from **Oct 17 1945** to **June 9 1946** that I last saw her alive on **June 9 1946** and that death occurred on the date and hour stated above.

Immediate cause of death **Degenerative heart disease with hypertension**  
Due to **generalized arteriosclerosis**

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **1/31**

Major findings: Of operations \_\_\_\_\_

Of autopsy **distended hypertrophied heart. Healed gastric ulcer. Hypertension**

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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
23. Signature: **Volmer V. Kelly M.D.** (Physician)  
Address **5800 Arsenal** Date signed **6/9/46**

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 Loran E. Percy.....

Licensed Embalmer No..... 4094.....

..... 2842 Meramec St.,.....

P. O. Address St. Louis, 18, 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.**