No. 300
10.48

FILED AUG 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27922
Registrar's No. 145

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles
c. LENGTH OF STAY (in this place): Lifer
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 418 Washington Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles 0923
d. STREET ADDRESS (If rural, give location): 418 Washington Street

3. NAME OF DECEASED (Type or Print): a. (First) HERMAN ~~Clemence~~ b. (Middle) CLEMENCE ~~F.~~ c. REHLING ~~Rehling~~

4. DATE OF DEATH (Month) (Day) (Year): August 13-1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Dec 11 1893
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mate - Dredge Boat
10b. KIND OF BUSINESS OR INDUSTRY: Civil Service
11. BIRTHPLACE (State or foreign country): St. Charles, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Henry Rehling
13b. MOTHER'S MAIDEN NAME: Catherine Albright
14. NAME OF HUSBAND OR WIFE: ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 491-24-2815
17. INFORMANT'S SIGNATURE OR NAME: Miss Adele Hune — ADDRESS: St. Charles, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — 1½ yrs

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease

DUE TO (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. — 4 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-27, 1949, *to* 8-13, 1950, *that I last saw the deceased alive on* 8-11, 1950, *and that death occurred at* 3:30 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE: Carl J. Klein M.D. (Degree or title)
23b. ADDRESS: Humboldt Bldg St Louis Mo.
23c. DATE SIGNED: 8-14-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 16-1950
24c. NAME OF CEMETERY OR CREMATORY: St. Peter Cemetery
24d. LOCATION (City, town, or county) (State): St. Charles, Missouri

DATE REC'D BY LOCAL REG.: 8-16-50
REGISTRAR'S SIGNATURE: Fannie Hamilton 284
25. FUNERAL DIRECTOR'S SIGNATURE: H. C. Dallmeyer & Sons Co — ADDRESS: 200 N. 2nd St. Charles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 25 1950

RECEIVED
AUG 19 1950
DISTRICT HEALTH OFFICE No. 4
File No. _____

SEP 15 1950

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 4189 _____, working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Joseph I Landolt

Licensed Embalmer No. 4189

P. O. Address St Charles M

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.

State of Missouri
County of St. Charles } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 27922
Local Registrar's No. 145

On this 21 day of Sept., 1950, before me appears Adele M. Hupe, who, upon her oath, states that the original record of ~~birth~~ death for Herman Clemence Rehling ~~born~~ died Aug. 13. 1950, 19..., in the State of Missouri, and which was filed at Jefferson City Mo. on Aug 23, 19 50, should be corrected as follows:

Item No. 3 should read Herman Clemence Rehling
Instead of Clemence H. Rehling

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

The above is true to the best of my knowledge, information and belief. Adele M. Hupe

(SEAL)

Affiant Adele M. Hupe Executrix
Relationship.

418 Washington, St. St. Charles, Mo.
Present Address.

Subscribed and sworn to before me this 21 day of Sept., 1950

My Commission expires My Commission Expires Mar. 19, 1954 Walter H. North Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

. S. 135
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