

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39607

State File No.

10948

FILED DEC 15 1951

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. LOUIS Mo</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS 2289</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>2245 INDIANA U</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2245 INDIANA</u> | | | |

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|---|-------------------------------|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>J.</u> c. (Last) <u>REBECK</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 9 1951</u> | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>1894 JULY 30 1894</u> | 9. AGE (In years, months, days) <u>57</u> | 10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHEET METAL WORKER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. METAL PROD. ILLINOIS</u> | | 11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME <u>JOHN REBECK</u> | | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | | 14. NAME OF HUSBAND OR WIFE <u>MAGDALYN REBECK</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>492-03-3981</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MAGDALYN REBECK 2245 INDIANA</u> | |

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|--|--|---|--|----------------------------------|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac dilatation</u> | | DUE TO (b) <u>Chc. Bronchitis</u> | | <u>1 day</u> | |
| ANTECEDENT CAUSES | | DUE TO (c) <u>Pneumonia of the</u> | | <u>6 weeks</u> | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | <u>Chc. Myocarditis</u> | | <u>8 days</u> | |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. | | <u>1 yr.</u> | |

| | | | | | |
|---|--|--|--|--|--|
| 19a. DATE OF OPERATION <u>None</u> | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u> | | 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) <u>None</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>490X</u> | |

22. I hereby certify that I attended the deceased from Dec 5, 1951, to Dec. 9, 1951, that I last saw the deceased alive on Dec. 6, 1951, and that death occurred at 9 P. m., from the causes and on the date stated above.

| | | | | | |
|---|--|--|--|------------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>[Signature]</u> | | 23b. ADDRESS <u>2767 Garrison Ave. St. Louis Mo.</u> | | 23c. DATE SIGNED <u>12.7.10.51</u> | |
|---|--|--|--|------------------------------------|--|

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|---|--|-------------------------------|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>DEC. 12 1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM. ST. LOUIS Mo</u> | | 24d. LOCATION (City, town, or county) (State) | |
|---|--|-------------------------------|--|---|--|---|--|

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|---|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <u>DEC 11 1951</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Rutis 2906 Garrison</u> | |
|---|--|--|--|--|--|

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

5/1/51

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed

Leo J. Budde

Licensed Embalmer No. *3989*

P. O. Address *St. Louis, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

39607

State of }
County of } ss.

State File No.
Local Registrar's No. 10948

AFFIDAVIT FOR CORRECTION OF A RECORD

On this day of, 194....., before me appears.....

William J. Rebeck, who, upon oath, states that the original record of birth death
died *12-9-* 1951, in the State of
born
Missouri, and which was filed at on 19....., should be corrected as follows:

Item No. *8* should read *July 30 - 1894*

Instead of

Item No. *9* should read *age 57*

Instead of *59.*

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.

(SEAL)

X Affiant *Magdalen Rebeck* Relationship. *Inf.*
2245 Johnson
Present Address.

Subscribed and sworn to before me this *20* day of *Feb.* 194*5*

My Commission expires *3-4-53* *Clara C. Padover* Notary Public.

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