

FILED OCT 2 - 1953

STANDARD CERTIFICATE OF DEATH

34673

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2422

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Chesterfield		c. CITY (If outside corporate limits, write RURAL and give township) Chesterfield	
c. LENGTH OF STAY (In this place) 10 Years		d. STREET ADDRESS (If rural, give location) Weidman Road R.R. # 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Weidman Road R.R. # 2		d. STREET ADDRESS (If rural, give location) Weidman Road R.R. # 2	
3. NAME OF DECEASED a. (First) VIOLA b. (Middle) ANN c. (Last) REBBE			4. DATE OF DEATH (Month) (Day) (Year) 9 9 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9/28/1906
9. AGE (In years) last birthday 45		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Alma Illinois
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Alma Illinois
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Charles Moeller	
13a. FATHER'S NAME Charles Moeller		13b. MOTHER'S MAIDEN NAME Ida Kruenegel	
13c. MOTHER'S MAIDEN NAME Ida Kruenegel		14. NAME OF HUSBAND OR WIFE William F. Rebbe	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Wm. F. Rebbe		17. ADDRESS Weidman Road	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Reticulum cell sarcoma of left hip ANTECEDENT CAUSES generalized metastases DUE TO (b) 2 yrs. duration DUE TO (c) 2000 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 4-26-49 , 19___, to 9/10/53 , 19___, that I last saw the deceased alive on 9/10/53 , 19___, and that death occurred at 11:30 P. m. , from the causes and on the date stated above.	
23a. SIGNATURE Frank A. Bailey (Degree or title) M.D. O.		23b. ADDRESS 3108 S Grand Ave.	
23c. DATE SIGNED 9/11/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 9/12/53		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary ADDRESS 6633 Clayton Road	
DATE REC'D BY LOCAL REG. 9/12/53		REGISTRAR'S SIGNATURE Wesley B. Sommers	
25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary		ADDRESS 6633 Clayton Road	

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed..... *Ernest W. Spillar*

Licensed Embalmer No. *4080*

P. O. Address.....

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.