t. Health,
, & Welfare
S. Public
th Service
920
S. 3001
v. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-026651
STATE FILE NUMBER

FILED JUL 22 1958 Registration District No. 309 Primary Registration District No. 6050 Registrar's No.

1. PLACE OF DEATH
a. COUNTY St Charles
b. CITY OR TOWN Missouri (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION West Alton (If NOT in hospital, give location) Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo.
b. COUNTY
c. CITY OR TOWN West Alton 0920 Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Valentine Middle Last Reb
4. DATE OF DEATH Month July Day 18 Year 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ 2 DIVORCED ☐
8. DATE OF BIRTH June 21 1895
9. AGE (In years last birthday) 63 IF UNDER 1 YEAR Months 12 Days 28 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crane operator
10b. KIND OF BUSINESS OR INDUSTRY Granite City Steel
11. BIRTHPLACE (City and state or country) Hungary 6
12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Mathias Reb
13b. MOTHER'S MAIDEN NAME Elizabeth Eberhardt
14. NAME OF ~~HUSBAND~~ OR WIFE Agnes Reb (Dec'd)
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.
17. INFORMANT Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Thrombosis	1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Atherosclerosis	10 years
DUE TO (c)	Cor pulmonale + Asthmatic bronchitis	2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201.

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-56, to 4-58 and last saw him alive on 6-21-58
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R Thomas D.O. 2
22b. ADDRESS 12000 Bellefontaine St Louis
22c. DATE SIGNED 7-19-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
23b. DATE July 21 1958
23c. NAME OF CEMETERY OR CREMATORY Missouri Crematory
23d. LOCATION (City, town, or county) St. Louis (State) Mo

24. FUNERAL DIRECTOR Thomas Kutis ADDRESS 2906 Gravois
25. DATE RECD. BY LOCAL REG. July 19-1958
26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

JUL 8 4 1958

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 ....., Student Embalmer No. ..... working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed Lamar C Dill

Licensed Embalmer No. 4347

P. O. Address 2906 Lamar

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.