

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025711

FILED VS. JUL 21 1959 / 62

Registration District No. _____ Primary Registration District No. 5595 Registrar's No. 69

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JEFFERSON				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ROCK TOWNSHIP		Length of stay in 1b 27 YRS		c. CITY OR TOWN NEAR BECK MO		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ARNOLD MO RURAL ROUTE				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RICHARDSON ROAD		
3. NAME OF DECEASED (Type or print) First MAX Middle LOUIS Last REHMER				4. DATE OF DEATH Month JUNE Day 28 Year 1959				
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH MAR. 28 1879		
				9. AGE (last birthday) 80		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED PRINTER			10b. KIND OF BUSINESS OR INDUSTRY PRINTER		11. BIRTHPLACE (City and state or country) ST. LOUIS MO		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME FRED REHMER			13b. MOTHER'S MAIDEN NAME SOPHIE REHMER			14. NAME OF HUSBAND OR WIFE CLAIRE REHMER		
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.		17. INFORMANT Address CLAIRE REHMER ARNOLD MO			
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) <i>Carcinoma</i>								
DUE TO (b) <i>Gravid Chladder (Urinay)</i>								
DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Arnold Jefferson, Mo		COUNTY _____ STATE _____		
21. I attended the deceased from Jan 30 59 to 6/28/59 and last saw him alive on 6/28/59 . Death occurred at 10:30 AM on the date stated above and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Heiligtag</i> (Degree or title)				22b. ADDRESS <i>Imperial, Mo</i>		22c. DATE SIGNED <i>6/29/59</i> (State)		
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		23b. DATE JUNE 29 1959		23c. NAME OF CEMETERY OR CREMATORY MO CREMATORY		23d. LOCATION (City, town, or county) ST. LOUIS MO		
24. FUNERAL DIRECTOR HEILIGTAG IMPERIAL MO ADDRESS _____				25. DATE RECD. BY LOCAL REG. 6-29-59		26. REGISTRAR'S SIGNATURE <i>Robert E. Bauer</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 5 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Elmer A. Abington

Licensed Embalmer No. 357

P. O. Address Implevia

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.

O. F. Reich, M.D.