

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021943

REGISTRATION DISTRICT NO. XC2181828 #A-1306 PRIMARY REGISTRATION DISTRICT NO. 500 REGISTRAR'S NO. 1468 STATE FILE NUMBER

INDEXED FILED VS MAY 31 1960

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILL. b. COUNTY ST. CLAIR	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS		c. CITY OR TOWN EAST ST. LOUIS	
Length of stay in 1b 32 DAYS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION		d. STREET ADDRESS (If outside, give location) 3015 WAVERLY	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First CHARLES Middle Last REHG			4. DATE OF DEATH Month MAY Day 4 Year 1960		
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 3-30-95	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY AUTOMOBILE	11. BIRTHPLACE (City and state or country) ST. CLAIR COUNTY, ILL.	12. CITIZEN OF WHAT COUNTRY USA	

13a. FATHER'S NAME PHILLIP REHG		13b. MOTHER'S MAIDEN NAME MAGGIE BOISEMENNE		14. NAME OF HUSBAND OR WIFE SALLY P REHG	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. 329-10-2927		17. INFORMANT Address ILLINOIS ST. LOUIS, ST. LOUIS, SALLY P. REHG, 3015 WAVERLY, E.	

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 5 or 6 days Undetermined
IMMEDIATE CAUSE (a) MURAL THROMBOSIS WITH PULMONARY EMBOLI AND INFARCTION			
DUE TO (b) CORONARY ARTERIOSCLEROSIS			
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 checked="" type="checkbox"/> NO <input 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.)	
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. attended the deceased from 4-2-60 to 5-4-60
Death occurred at 5:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>W. Oppler</i> (Degree or title) W. OPPLER, DIRECTOR PROFESSIONAL SERVICES	22b. ADDRESS VAH, JEFFERSON BARRACKS, MO.	22c. DATE SIGNED 5-4-60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5-4-60	23c. NAME OF CEMETERY OR CREMATORY LAKEVIEW CEMETERY
23d. LOCATION (City, town, or county) BELLEVILLE, ILL.		

24. FUNERAL DIRECTOR ADDRESS Chas M. Gube East St Louis	25. DATE RECD. BY LOCAL REG. 5-4-60	26. REGISTRAR'S SIGNATURE <i>John B. Murphy M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Chas M. Burke

Licensed Embalmer No. 2421
P. O. Address East St. L.

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.