

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030427

DO NOT WRITE ON THIS STUD AMENDED

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DATE AMENDED DOCUMENT

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7345** STATE FILE NUMBER

FILED JUL 19 1963

1. FACT OF DEATH
a. COUNTY **Missouri**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis, Mo.** Length of stay in 1b
c. CITY OR TOWN **St. Louis** Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **4112 DeTonty** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **4112 DeTonty** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Minnie** Middle **Rehbaum** Last
4. DATE OF DEATH Month **Jul.** Day **15,** Year **1963**

5. SEX **female** 6. COLOR OR RACE **white** 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH **Oct. 3, 1878** 9. AGE (last birthday) **84** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Ret. Employee Famous Barr** 10b. KIND OF BUSINESS OR INDUSTRY **Missouri** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **August Rehbaum** 13b. MOTHER'S MAIDEN NAME **Anna Bodecker** 14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) **none** 16. SOCIAL SECURITY NO. **[redacted]** 17. INFORMANT Address **Stricker 4112 DeTonty, St. Louis, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Cerebrovascular accident** INTERVAL BETWEEN ONSET AND DEATH **1 week**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Cerebral arteriosclerosis**
DUE TO (c) **331x**

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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 **5-13-63** to **7-15-63** and last saw her ^{live} alive on **7-13-63**
Death occurred at **615 p.m.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **[Signature]** (Degree or title) 22b. ADDRESS **950 Francis Place, St. Louis 5 Mo** 22c. DATE SIGNED **7-16-63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **removal** 23b. DATE **Jul. 18, 1963** 23c. NAME OF CEMETERY OR CREMATORY **St. Peters Cem.** 23d. LOCATION (City, town, or county) (State) **st. Louis County, Mo.**

24. FUNERAL DIRECTOR ADDRESS **Southern Funeral Home 6322 S. Grand, St. Louis, Mo.** 25. DATE RECD. BY LOCAL REG. **JUL 16 1963** 26. REGISTRAR'S SIGNATURE **[Signature]**

~~Reburial in Florida~~

Dr. J. S. Jarney Jr.

950 Francis Pl

130

Today

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 David Van Tassaw

Licensed Embalmer No. 4242

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

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

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