

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 701

Township.....

Primary Registration District No. 1013

City St. Louis (No. City Hospital)

File No. 14135
Registered No. 3466
St. Ward)

2. FULL NAME

(a) Residence, No. 6190 Wilson St. 3 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Oct 72 Unknown

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 97

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1930

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

13. NAME Paul Rohr

14. BIRTHPLACE (CITY OR TOWN) France (STATE OR COUNTRY)

15. MAIDEN NAME Mary Unknown

16. BIRTHPLACE (CITY OR TOWN) France (STATE OR COUNTRY)

17. HOSPITAL INFORMATION (ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE April 11, 1932

19. UNDERTAKER Graban & Co. Inc (ADDRESS) 7140 Manchester Ave

20. FILED 8 1932 Paul C. Parker Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 10th, 1932 to April 7th, 1932

I last saw him alive on April 7th, 1932 Death is said to have occurred on the date stated above, at 11:00 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
arteriosclerosis

Other contributory causes of importance:
Pulmonary edema
Right Hypertension

Name of operation Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Myocarditis (Signed) Paul C. Parker M. D.

(Address) City Hospital

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

