

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

Do not use this space.

35081

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... St. Louis Primary Registration District No. 1003  
 City..... St. Louis (No. W. 14th St. - 2nd Floor Terminal R.R. Co. S.E. corner of 14th & Papelon Sts - St. .... Ward)

File No. ....  
 Registered No. 9294

**2. FULL NAME**

Oscar J Rohr  
 (a) Residence, No. 4815 Melnitz 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 3 - 1890

7. AGE YEARS 43 MONTHS 7 DAYS 24 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Locomotives  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Anthony Rohr

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Anna Rohr  
 (ADDRESS) 4815 Melnitz ave

18. BURIAL CREMATION, OR REMOVAL PLACE Trenton Ill DATE Oct 30 33

19. UNDERTAKER Wm. C. Moydell  
 (ADDRESS) 1926 W. Allen St

20. FILED 10/23/33 19 J. Bredeck  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-27-33, 19...  
 22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....  
 I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:30 P.M. m.  
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis  
131  
948  
948  
 Other contributory causes of importance:  
Chronic Cardiosclerotic  
Nephritis

23. Name of operation..... Date of.....  
 What test confirmed diagnosis?..... 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?  
 If so, specify.....  
 (Signed) Wm. C. Moydell M.D.  
 (Address) 1926 W. Allen St  
10/28/33  
Deputy Coroner

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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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MAY 28 1954