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

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.

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

Do not use this space.

2521

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 2521

Township ..... Primary Registration District No. 1003 Registered No. 103

City St Louis (No. City Hosp St. ..... Ward)

13733

2. FULL NAME Louis Rohnar

(a) Residence, No. 1031 Allen St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 M

4. COLOR OR RACE W

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 20 1878

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
55	2	11	

OCCUPATION

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

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

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) Austria

FATHER

13. NAME David Rohnar

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

MOTHER

15. MAIDEN NAME Fannie Hanwick

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

17. INFORMANT (ADDRESS) Hosp Inf 11 Kent City Hosp

18. BURIAL, CREMATION, OR REMOVAL

PLACE SS Peter & Paul DATE Jan 5 1933

19. UNDERTAKER (ADDRESS) Wm C. Mozdell 1924 Allen

20. FILED JAN 3 1934 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/17, 1933 to 1/1, 1934

I last saw him alive on 1/1, 1934. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Date of onset

Subdiaphragmatic Abscess

Etiology Unknown, 3 [illegible]

Other contributory causes of importance:

Syphilis 34

Name of operation ..... Date of .....

What test confirmed diagnosis? Path 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 .....

(Signed) J McColeman M. D.

(Address) City Hospital

DEC 9 1968