

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.

NOV 22 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. LouisTownship BonhommeCity KirkwoodRegistration District No. 785Primary Registration District No. 3037File No. 37198Registered No. 219

St. _____ Ward _____

2. FULL NAME

Marion J. Rombauer (MARION THOMAS ROMBAUER)(a) Residence, No. 540 E. Adams

St. _____

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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED; (write the word)

DIVORCED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFPeter B. Rombauer

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

Aug. 27-1865

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.69112

OCCUPATION

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

Ret. Miner

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

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)Mo.

MOTHER FATHER

13. NAME Rafael S. Rombauer14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Hungary15. MAIDEN NAME Emma Thomas16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Kentucky17. INFORMANT
(ADDRESS)P. B. Martin
540 E. Adams

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak GroveDATE 10-11- 193419. UNDERTAKER
(ADDRESS)Louis H. Boppo
Kirkwood Mo.20. FILED 10-10- 1934Agnes C. Kelly
Kirkwood, Mo.
Registrar

MEDICAL CERTIFICATE OF DEATH

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

10/9 1934

22. I HEREBY CERTIFY, That I attended deceased from

10/8 1934, to 9 1934I last saw him alive on 10/9 1934. Death is saidto have occurred on the date stated above, at 3:10 p. m.

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

cerebral hemorrhageDate of onset
10/9/34

Other contributory causes of importance:

Hypertension
myocarditis3 yrs.
1 yr.Name of operation none Date of _____What test confirmed diagnosis? Physical Exam Was there an autopsy? no

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) C. H. Theslie

M. D.

(Address) Kirkwood, Mo.

