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.

MAR 25 1936

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

Do not use this space.

7470

1. PLACE OF DEATH
County St. Louis County — Registration District No. 333
Township St. Ferdinand Township — Primary Registration District No. 4468
City Maryland Heights (No. ..... St. ..... Ward)

File No. .....
Registered No. 39

2. FULL NAME Emil H. Rohr
(a) Residence, No. R.C. Kelvey Rd. 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: 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) Mar. 6-1896
7. AGE: Years 39 | Months 11 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) 2-25-36
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland Heights, Mo.

FATHER
13. NAME Hy. W. Rohr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anglum, Mo.

MOTHER
15. MAIDEN NAME Wilhelmina Kurker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anglum, Mo.

17. INFORMANT (ADDRESS) George Rohr, Creve Coeur, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Zion Lutheran DATE 2-27-1936
19. UNDERTAKER (ADDRESS) Baumann Bros Inc. 7501 Woodson Overland, Mo.
20. FILED 2/26 1936 W. A. Zeitler Registrar.
Ow. C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Found Feb. 25 1936
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 9 AM m.
The principal cause of death and related causes of importance were as follows:

Pedestrian and Train. Struck by Rock Island Railroad Freight train near Lackland station St. Ferdinand Township, St. Louis County, about 9 PM, East bound freight train, Found following morning by section gang, lying between the rails. Masceration of all extremeties and head. Chest crushed.

Date of onset

Other contributory causes of importance:

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? .....
If so, specify .....
(Signed) Luke O'Connor, M. D.
(Address) 3714 Jennings Rd. Overland, Mo.

Verdict of jury:-
By unavoidable
accident, by train.