JUL 31 1937

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

Do not use this space.

File No. 24861
Registered No. 177

1. PLACE OF DEATH

County St. Louis — Registration District No. 789
Township ~~Normandy~~ Central — Primary Registration District No. 6033
City Pine Lawn (No. Wyma Ave. 6111 St. Ward)

2. FULL NAME Rose Hehman, 2

(a) Residence, No. 6111 Wyma Place. St., Ward.
(Usual place of abode) St. Louis, Mo. (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: female
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: Frank Hohman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6/1/1878

7. AGE: 85 — YEARS: 59 — MONTHS: 0 — DAYS: 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Hermon Missouri

FATHER
13. NAME: John M DeFlorin,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Switzerland

MOTHER
15. MAIDEN NAME: Marie Schnieder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Frank Hohman, 6111 Wyma Ave. Pine Lawn, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Herman, Mo. DATE 6/29/37

19. UNDERTAKER (ADDRESS): Jay B. Smith, Manchester Ave. Maplewood, Mo.

20. FILED 6-28- 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6/26/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/28/36, 19, to 6/26/37, 19
I last saw her alive on 6/26/37, 19 Death is said to have occurred on the date stated above, at 7:30 PM.
The principal cause of death and related causes of importance were as follows:

Chr. arteriosclerosis, Chr. myocarditis, chr. endocarditis, mitral insufficiency, decompensated; Chr. arthritis deformans; senile dementia caused by cerebral arteriosclerosis.

Date of onset

Other contributory causes of importance: 108

Lobar pneumonia, involving middle and lower lobe of rt. side with pleurisy which decreased the mental efficiency. Uremia.

Name of operation: Date of:
What test confirmed diagnosis? cli 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?
If so, specify.
(Signed) Luke B. Tiunon, M. D.
(Address) 3718 Jennings, Rd.

6/28/37

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.

FEB 11 1946