

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

307-7-30-37 I X12004

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

43474
Do not use this space.

JAN 10 1938

1. PLACE OF DEATH
 (a) County Registration District No. 791 / 1003
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. City Hospital No. 1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Rohde
 (a) Residence, No. 4200 John St. 10 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Mathilda Rohde. (Simp.)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30, 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 8. 20.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. nil
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation 20.2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER
 13. NAME Unknown.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER
 15. MAIDEN NAME Louise Poetting.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

17. INFORMANT Hosp. Info M. Kent
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles. DATE Dec 22, 1937

19. FUNERAL DIRECTOR Math Hermann & Son.
 (ADDRESS) 2161 East Fair Ave.

20. FILED DEC 21 1937 J. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/20/37 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/7/37 1937 to 12/20/37 1937.
 I last saw him alive on 12/20/37 1937. Death is said to have occurred on the date stated above, at 12.35 a
 The principal cause of death and related causes of importance were as follows:
Senile Dementia Date of onset
10/7/37
 Other contributory causes of importance
Pneumonia (bronchio)

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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) E. V. Trowbridge Jr. M. D.
 (Address) City Hospital No. 1

STATEMENT BY LICENSED EMBALMER

I, William G. Buchholz, Licensed Embalmer No. 2110

hereby certify that the body recorded on the reverse side of this certificate was embalmed by William G.

Buchholz, L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed William G. Buchholz

Licensed Embalmer No. 2110

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)