

REC'D APR 11 1938

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

8545  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **St. Louis, Mo.** (d) Street No. **2347 Warren St** 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 **Charles Rohde**  
(a) Residence, No. **2347 Warren St.** St. **20** (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) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) **the late Mary Rohde**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 17-1857**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**80 4 14**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Bricklayer**  
9. Industry or business in which work was done, as saw mill, bank, etc. **Retired**  
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) **Germany**

FATHER 13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **C Charles Rohde**  
(ADDRESS) **2347 Warren St.**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Calvary** DATE **Mar. 4-38, 19**

19. FUNERAL DIRECTOR **Fleming Leidner Und. Co.**  
(ADDRESS) **1417 N. Market St.**

20. FILED **MAR 2 1938** **J. Bredeck**  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 1-38**, 19

22. I HEREBY CERTIFY, That I attended deceased from **July 1927** to **Mar 1 1938**  
I last saw him alive on **Feb 28 1938**. Death is said to have occurred on the date stated above, at **10:45 a.m.**  
The principal cause of death and related causes of importance were as follows:

**Chronic myocarditis with arterio-sclerosis**  
**ABC**

Other contributory causes of importance:  
**Hemiplegia caused by hemorrhage of brain**

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? **No**  
If so, specify .....  
(Signed) **A. H. Harker** M. D.  
(Address) **2206 Howard St.**

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.

RECORDED WITH OPTIC-INK—THIS IS A PERMANENT RECORD

2905 University

STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed *John J. Buchholz* \_\_\_\_\_  
Licensed Embalmer No. *1674*

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.)