

REC'D FEB 10 1939

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

503  
Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1008**  
(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

**Bertha Rohn**  
(a) Residence, No. **3114 Woodson Road** **Overland, Mo**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **female** 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 **Fred Rohn**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 16, 1859**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
**79 9 29**

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.....

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

13. NAME **Michael Gruenwald**  
**Germany**

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

15. MAIDEN NAME **Elizabeth Ticker**

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

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

18. BURIAL, CREMATION, OR REMOVAL PLACE **Memorial Park** DATE **I-17** 19. **39**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Provost Und Co.**  
**3710 N Grand Blv St Louis Mo**

20. FILED **JAN 16 1939** **J. B. Basch** Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/15/39**, 19

**2/4/39** I attended deceased from **1/15/39**

her **1/15/39**, 19.....  
I last saw her alive on **9.45 a** Death is said

to have occurred on the date stated above, at ..... m.  
The principal cause of death and related causes of importance were as follows:

**Broncho pneumonia**  
**Seizure**

Date of onset

Other contributory causes of importance:

**30 prolapse of uterus**  
**(3rd degree)**

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) **Thos. P. Nelson, M. D.**  
(Address) **City Hospital No. 1**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

A. A. Smithers....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand

**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.)**

**If this body is not embalmed, above space should be left blank.**