

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

16638
 Do not use this space.

REC'D JUN 12 1939

791
 1003

4172

1. PLACE OF DEATH

(a) County..... 2 Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City..... St. Louis, (d) Street No. 3142, Arsenal 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 531 Minna Rohmann.

(a) Residence, No. 3142 Arsenal St. St. 16
 (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 Bernhard J. Rohmann,		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11th 1862.		
7. AGE	YEARS 76	MONTHS 10
	DAYS 22	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home.	
	9. Industry or business in which work was done, as 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) Germany,		
FATHER	13. NAME Robitzsch,	
	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 Henry and Bernhard Rohmann, (ADDRESS) 3142 Arsenal St.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Missouri Crematory DATE May 6, 1939.		
19. FUNERAL DIRECTOR (NAME) Riegenberg Bros. (ADDRESS) 2621-23 Cherokee St.		
20. FILED MAY 4 1939 J. P. Bredich Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 3d, 1939.**

22. I HEREBY CERTIFY, That I attended deceased from August 1st, 1928, to May 3rd, 1939
 I last saw her alive on May 3d 1939., 1939. Death is said to have occurred on the date stated above, at 5.00 P.M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma Stomach
 Date of onset Aug 1938

Other contributory causes of importance none

Name of operations none Date of none
 What test confirmed diagnosis? Clinical symptoms Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury none, 1939
 Where did injury occur? none
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no
 (Signed) W. H. Priest, M.D.
 (Address) 1544.50 Broadway
St. Louis Mo.

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

Signed.....

W. E. Morris

Licensed Embalmer No. 3360

P. O. Address.....

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.