

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

REC'D JUN 1 1939

17167
 Do not use this space.

791
 1008

1. PLACE OF DEATH

(a) County.....2 Registration District No.....
 (b) Township.....1 Primary Registration District No.....
 (c) City.....St. Louis Mo. (d) Street No.....736 a. So. 4th St. Registered No.....4701
 (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 500 Mary Marty Rohn

(a) Residence, No. 736a So. 4th St. St. 22 (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 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 Unk Rohn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
81 4 5

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..... Housewife
 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) Austria

FATHER 13. NAME Joseph Steu

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

MOTHER 15. MAIDEN NAME Grace Tschoen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT (ADDRESS) Mrs Clara Dively
736a So. 4th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Ss Peter & Paul DATE May 25 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. J. Schmur
3125 Lafayette Ave.

20. FILED MAY 24 1939 J. B. Breda Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 3 1939 to May 22 1939

I last saw him alive on May 22 1939. Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset 3-3-39

Other contributory causes of importance

Arteriosclerosis

Name of operation..... Date of.....

What test confirmed diagnosis? Phys. Diag. Was there an autopsy? Yes

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) Louis Borel M. D.

(Address) 1034 Morrison Ave

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

Jose B. Vollmer

Licensed Embalmer No. *4014*

P. O. Address *325 Lafayette*

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.