

8717

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2200

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Anthonys
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 weeks
(Specify whether
 In this community life
years, months or days)

3. (a) PRINT FULL NAME Clara Romer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex f 5. Color or race W 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Louis A. 6. (c) Age of husband or wife if alive 72 years7. Birth date of deceased May 23, 1870
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
69 9 9 _____ hr. _____ min.9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
 { 12. Name Adam Hoerner
 { 13. Birthplace Not known Germany
(City, town, or county) (State or foreign country)
 { 14. Maiden name Steinmetz
 { 15. Birthplace Not known Not known
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Louis A. Romer(b) Address 7027 Gravois17. (a) burial (b) Date thereof 3/5/40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New St. Marcus Cem.18. (a) Signature of funeral director John T. Ziegenhain(b) Address 7027 Gravois19. (a) MAR 5 1940 (b) J. D. Bush
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2937 Milton
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1940 hour 10 minute P. M.21. I hereby certify that I attended the deceased from 2/2 to 2/2
that I last saw h alive on 2/2
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary occlusion

Due to

A. nephritisOther conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)
 While at work? _____ (e) Means of injury fall
 23. Signature J. D. Bush (M. D. or other) _____
 Address 2937 Milton Date signed 3/4/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

REV. 5-17-39
FORM 1 X1931

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.

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 C. P. Kidwell
Licensed Embalmer No. 3877
P. O. Address 6937th Travis

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.