

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37024**
9297

Registration District No. **791**

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

FILED DEC 11 1940

(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. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME James J. Rohan

3. (b) If veteran, name war None 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret B. Rohan 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased December 22 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 10 19 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Executive

11. Industry or business Rohan Boiler Works 5

12. Name John A. Rohan 7

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Christina Lortz

15. Birthplace Alsace Lorraine France
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret B. Rohan

(b) Address 5809 De Giverville

17. (a) Burial (b) Date thereof Nov. 13, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Charles P. Stewart

(b) Address 1225 Union Blvd.

19. (a) NOV 12 1940 (b) J. F. [Signature]
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")
(d) Street No. 5809 De Giverville
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11
year 1940 hour 12.45 minute A. M.

21. I hereby certify that I attended the deceased from November 2nd
1940, to November 11, 1940
that I last saw him alive on November 10th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Arteriosclerosis
Coronary Thrombosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

10 days

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Augustus P. Munsch (M. D. or other) _____

Address 306 Humboldt Blvd Date signed Nov. 11/40

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

MOTHER FATHER

6-3

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 Bernard A. J. Stuart

Licensed Embalmer No. 3500

P. O. Address 1225 Union, Blue

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.