No. 2 JAN 22 1941
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17-39 FILED JAN 8 1941
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43795

Registration District No. 784 Primary Registration District No. 181 Registrar's No. 2444

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

1. PLACE OF DEATH:

(a) County SAINT LOUIS

(b) City or town CLAYTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7755 PERSHING AVE:
(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) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town CLAYTON
(If outside city or town limits, write "RURAL")

(d) Street No. 7755 PESHING AVE:
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME ERNST E. ROMBAUER

3. (b) If veteran, name war UNKNOWN

3. (c) Social Security No. NONE***

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife HERMINE ANHEUSER ROMBAUER

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased SEP'T 29 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 24 If less than one day ____ hr. ____ min.

9. Birthplace SAINT LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation RETIRED OFFICIAL

11. Industry or business SCARRITT COMSTOCK FURNIYURE

FATHER
12. Name ROBERT J. ROMBAUER
13. Birthplace ____ (City, town, or county) BUDAPEST (State or foreign country)

MOTHER
14. Maiden name EMELIE HOGEL
15. Birthplace ____ (City, town, or county) BUDAPEST (State or foreign country)

16. (a) Informant MRS HERMINE ROMBAUER
(b) Address 7755 PERSHING AVE.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12/26/40 (Month) (Day) (Year)
(c) Place: burial or cremation BELLEFONTAINE CEM

18. (a) Signature of funeral director C. R. LUPTON SONS
(b) Address 7233 DELMAR BLVD

19. (a) DEC 24 1940 (Date received local registrar) (b) TR Meyer M DARR (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23rd
year 1940 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 13th, 1940 to Dec 23, 1940
that I last saw him alive on Dec 23/40, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to Thrombosis of Cerebral Arteries

Due to ____

Other 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 ____

23. Signature [signature] (M. D. or other) 1
Address 203 Beaumont Bldg Date signed 12/24/40

(Licensed Embalmer's Statement on Reverse Side)

3710 Washington
JE-6204
2-4 p.m.

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 Bradford R. Miles

Licensed Embalmer No. 2901

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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