

35
S. No. 2
A-1-4-41
v. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 25 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16235

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3753

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days
(Specify whether
In this community 47 years
years, months or days)

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. 4303 Frieda Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rose Hohmann

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

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

6. (b) Name of husband or wife Edward Kohmann 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased September 7, 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>7</u>	<u>23</u>	_____ hr. _____ min.

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

10. Usual occupation Home

11. Industry or business _____

12. Name Karl Raumschuh

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

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Hohmann

(b) Address 4303 Frieda Ave.

17. (a) Burial (b) Date thereof 5/3/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation O. S. S. Peter & Paul

18. (a) Signature of funeral director Wacker-Walderte

(b) Address 2331 S. Broadway

19. (a) MAY 2 1941 (b) J. W. Bredenk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30,
year 1941 hour 6:20 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 25, 1941 to April 30, 1941;

that I last saw her alive on April 30, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 6 days

Due to Essential Hypertension 5 yrs.

Due to Generalized Arteriosclerosis 10 yrs.

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

Major findings: Of operations g. h. e. g. g.

Of autopsy as above

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 Rose Hohmann M. D. 1941
Address 1515 Lafayette Avenue Date signed _____

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

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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.....

Robert Wheeler

Licensed Embalmer No. *2128*

P. O. Address: *St Louis Mo*

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, fact should be so stated above.