

Registration District No. 784

Primary Registration District No. 109

96
W.C.

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3710 Greenwood Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) 58yrs.

3. (a) PRINT FULL NAME Susan Rohmoser

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (b) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Frank X. 6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased December 9th, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 3 28 hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER
12. Name Philip Cillian
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Nichols
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Warner
(b) Address 3710 Greenwood Blvd

17. (a) Burial (b) Date thereof 5/9/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Joseph Cemt Alton Ill

18. (a) Signature of funeral director Harrigan & Sheahan Und Co

(b) Address 4415 Washington Blvd.
19. (a) MAY - 8 1941 (Date received local registrar)
[Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 3710 Greenwood Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 58yrs. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7th. day May
year 1941 hour A.M. minute _____ M.

21. I hereby certify that I attended the deceased from May 1st 1941 to May 6, 1941
that I last saw him alive on May 6, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Duration 6 days

Due to Arteriosclerosis & High blood pressure

Due to acute catarrhal Duration 8 days

Other conditions jaundice
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy 93%

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 H. S. Sweeney (M. D. or other) [Signature]
Address 2516 S. 16th Date signed 5-8-41

ALL IN & OVER SPACE
2416 - THE HONORABLE
DEPT 2825 - THE STATE WILLIAM

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 Homer W. Arutz

Licensed Embalmer No. 3882

P. O. Address _____

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.