

STANDARD CERTIFICATE OF DEATH

39915

FILED JAN 24 1942 791

State File No.

1003

Registrar's No.

9623

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4433 Laclede
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 4433 Laclede
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4
year 1941 hour 1 AM minute..... M.
21. I hereby certify that I attended the deceased from November 20
November 20, 1941, to December 3, 1941,
that I last saw him alive on December 3, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic myocarditis
Due to.....
Due to.....
Other conditions Prostate
(Include pregnancy within 3 months of death)

Duration

5 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations.....
Of autopsy.....

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 O. D. Meyer (M. D. or other)
Address 4579 Emerald St Date signed 12/4/41

3. (a) PRINT FULL NAME John Wm. Romerman
3. (b) If veteran, name war..... 3. (c) Social Security No. Nil

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
Amelia Romerman
7. Birth date of deceased. October 7, 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 1 27 hr. min.

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

10. Usual occupation Nil

11. Industry or business.....

MOTHER FATHER

12. Name William Romerman
13. Birthplace..... Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace..... Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Add Romerman
(b) Address 4433 Laclede
17. (a) Removal (b) Date thereof 12/4/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Topeka, Kan

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) DEC 4 1941 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

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 *Florenz Eymark*
Licensed Embalmer No. 1284
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.