

FILED MAR 17 1942 91

1003

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(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:
2354 Menard St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 59 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 002
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 2354 Menard St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Anna Elizabeth Von Rohr

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 Robert
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased October 16 1882
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1
year 1942 hour 1:10 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 26 1939 to Feb 1 1942
that I last saw her alive on Jan. 31 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Chronic Interstitial Nephritis
Due to.....
Duration 5 yrs.
3 yrs.

8. AGE: Years Months Days If less than one day
59 3 16 hr. min.

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

10. Usual occupation Home

11. Industry or business

MOTHER FATHER { 12. Name John Lindner
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Kohrman
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Von Rohr.
(b) Address 2354 Menard St.

17. (a) Burial (b) Date thereof 2/5/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Madison Nat'l. Bur. & Per. Co.
(b) Address 3634 Gravois Ave.

19. (a) FEB 3 1942 (b) J. T. Budack
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

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?

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

23. Signature R. B. Karm (M. D. or other) M.D.
Address 7000 S. Broadway Date signed 2/5/42

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

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 Crocker*
Licensed Embalmer No. *2178*
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.