

FILED JUL 28 1942 791

1003

Registrar's No. **6026**

Registration District No. _____

Primary Registration District No. _____

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

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:
3525 Missouri Avenue /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life
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. 3525 Missouri Avenue
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Augusta Rohrbach

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female / race White

5. Color or race _____

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

6. (b) Name of husband or wife Emil Rohrbach

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased November 25 1890
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>51</u>	<u>7</u>	<u>20</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Wm. Wende

13. Birthplace Unknown Germany
(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 Emil Rohrbach

(b) Address 3525 Missouri

17. (a) Burial (b) Date thereof 7/18/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Theodor Haldenbeck & Co

(b) Address 3634 Gravois Avenue

19. (a) JUL 19 1942 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 th. year 1942 hour 3 minute 20 P. M.

21. I hereby certify that I attended the deceased from 8/15, 1942, to 7/15, 1942, that I last saw her alive on July 15 and that death occurred on the day and hour stated above.

Immediate cause of death Coronary thrombosis

Due to coronary heart disease Duration 6 hr

Due to arteriosclerosis ?

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature E. H. Bredbeck (M. D. or other) MD

Date signed 7/18/42

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 Wausau

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.