

FILED OCT 6 1944

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No. 8305

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:
St. Anthonys Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 wk.
 (Specify whether _____)
 In this community _____
 years, months or days) 0

3. (a) PRINT FULL NAME Virginia Marie Rohe

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, U Infant
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: September 21 1944
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Rohe
 13. Birthplace Germany (City, town, or county) (State or foreign country)
 14. Maiden name Mildred Rung
 15. Birthplace St. Louis (City, town, or county) (State or foreign country)

16. (a) Informant Henry Rohe
 (b) Address 3314 Oregon

17. (a) Burial (b) Date thereof Sept. 28, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Schmachers Hud Co
 (b) Address 3013 Meramec St.

19. (a) SEP 29 1944 (b) J. F. Predeck
 (Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3314 Oregon Ave.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28
 year 1944 hour 1:55 minute _____ A. M.

21. I hereby certify that I attended the deceased from Sept 21st 1944 to Sept. 28th 1944
 that I last saw her alive on Sept. 27th 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death: Conjunctal Deformity
Tracheal & Oesophagus Fistula

Due to Conjunctal deformity

Due to _____

Other conditions: 157
 (Include pregnancy within 3 months of death)

Major findings: 157
 Of operations _____

Of autopsy: Same as above.

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 Albert Beisbarth (M. D. or other) MD.
 Address 3606 Grand Date signed 9/28-44

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 *Francis A. Williamson*.....

Licensed Embalmer No. *3565*.....

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.