

FILED OCT 20 1944

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8373

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:
Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community 0
years, months or days)

3. (a) PRINT FULL NAME HENRY ROHMANN

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida Rohmann 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased February 13 1868
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 17 If less than one day
hr. min.

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

10. Usual occupation Farmer

11. Industry or business self

12. Name Ernest Rohmann

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

14. Maiden name Unknown

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar Rohmann

(b) Address Sappington Rt. 6, Mo.

17. (a) Burial (b) Date thereof Oct. 2, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Johns Cem.

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway

19. (a) OCT 2 1944 J. J. Bredbeck
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Sappington Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Kennerly Road Route 6.
(If rural, give location) NR
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 30 year 1944 hour 45 minute 45 a. M.

21. I hereby certify that I attended the deceased from Sept. 21st, 1944 to September 30, 1944
that I last saw him alive on September 29th, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Thrombosis Duration 1 wk

Due to 7/21
Due to

Other conditions Chronic Nephritis and Arteriosclerosis 6 mo.
(Include pregnancy within 6 months of death)

Major findings: Of operations no Of autopsy no 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?

(Specify type of place) While at work 0 Means of injury 0
23. Signature Dr. W. H. Walter (M. D. or D. O.)
Address 3608 South Grand Blvd Date signed 9/30/44

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 792 Lemay Ave

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.