V. S. No. 2
0014—5-43
Rev. 5-17-39
Form I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7195

State File No. 0

Registration District No. FILED FEB 24 1945 Primary Registration District No. 3063 Registrar's No. 466

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

6
2
3

1. PLACE OF DEATH:

(a) County St.Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St.Louis County Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 min. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Lemay 0
(If outside city or town limits, write "RURAL")
(d) Street No. 606 Pardella 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Irene Rombach

3. (b) If veteran, name war No
3. (c) Social Security No. 499-26-0271

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Paul Rombach
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased October (Month) 4 (Day) 1894 (Year)

8. AGE:	Years	Months	Days	If less than one day
	50	4	8	hr. min.

9. Birthplace St.Louis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Nurse
11. Industry or business Nursing

FATHER
12. Name Edward Heider
13. Birthplace Indianapolis (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Ida Melter 0
15. Birthplace St.Louis (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant Oscar Rombach
(b) Address 606 Pardella ave. Lemay, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb.16,45 (Month) (Day) (Year)
(c) Place: burial or cremation St.Peter & Paul Cem.
18. (a) Signature of funeral director C.Hoffmeister U.&.L.Co.
(b) Address 7814 S.Broadway St.Louis,Mo.
19. (a) FEB 17 1945 (Date received local registrar) (b) E.G. McGovern MD (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Feb day 12 year 1945 hour 7 minute 15 A M.
21. I hereby certify that I attended the deceased from June 5, 1943, to Feb 12, 1945 that I last saw her alive on Jan 15, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis — Duration 1 hour
Due to Arteriosclerosis
Due to Hypertension
Other conditions Epileptic seizures (Include pregnancy within 3 months of death) about three or four weeks
Major findings:
Of operations
Of autopsy 94a

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? (e) Means of injury

23. Signature J A Hirsch (M. D. or other)
Address Edwardsville Ill Date signed 2/13/45

(Licensed Embalmer's Statement on Reverse Side)

MAR - 8 1945

MAR 2 1945

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 732 Lemay Ferry

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.