

FILED JUN 7 1945

Primary Registration District No. 6076

Registrar's No. 1084

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Vigfus
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
McKelvey Road
(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 St. Louis
(c) City or town Vigfus
(If outside city or town limits, write "RURAL")
(d) Street No. McKelvey Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Julius Rohr

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 3 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 0 3 hr. min.

9. Birthplace Vigfus Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business self

MOTHER FATHER

12. Name Henry W. Rohr
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Wilhelmina Krieger
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Herman Rohr
(b) Address 8970-Bristol Av Overland, Mo

17. (a) Burial (b) Date thereof 5-9-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Lutheran Cem
(e) Signature of funeral director Baumann Bros Inc
(b) Address 2504-Woodson Rd-Overland Mo

19. (a) MAY 9 1945 (b) E. B. H. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1945 hour 7 minute 55 A. M.

21. I hereby certify that I attended the deceased from Nov. 17th 1944 to May 6th 1945.
that I last saw him alive on May 6th 1945.
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 6 mo.
Due to Arteriosclerosis 6 mo.
Due to 930
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____
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 H. T. Coleman M.D. (M. D. or other) _____
Address Pattonville, Mo. Date signed May 7, 45

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Overland 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.