

Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

**1. PLACE OF DEATH:**

(a) County **St. Louis**  
 (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. Lukes Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **4 days**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **John A. Rohan**

3. (b) If veteran, name war **None**  
 3. (c) Social Security No. **490-22-6192**

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

6. (b) Name of husband or wife **May Hatton**  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Jan. 1 1878**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>69</b>	<b>7</b>	<b>21</b>	hr. _____ min.

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

10. Usual occupation **Inspector**

11. Industry or business **Lehmann Machine Co.**

MOTHER FATHER

12. Name **John Rohan**

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

14. Maiden name **Christine Lortz**

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

16. (a) Informant **May Rohan**

(b) Address **5912 Cates Ave.**

17. (a) **Burial** (b) Date thereof **July 24, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Richard Niebauer**  
 (b) Address **1431 Union Blvd.**

19. (a) **JUL 22 1947** (b) **J. P. Prebeck**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **000**  
 (c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **5912 Cates Ave.**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **July** day **21**  
 year **1947** hour **9** minute **40** p. M.

21. I hereby certify that I attended the deceased from **October 5, 1947**  
 and that death occurred on the date and hour stated above.  
 that I last saw h.t. in alive on **July 21, 1947**

Immediate cause of death **Cerebral thrombosis - First Second**  
 Duration **7-16-47 7-21-47**

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions **none**  
(Include pregnancy within 3 months of death)

Major findings: **none**  
 Of operations **none**  
 Of autopsy **none**

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **no**  
 (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) \_\_\_\_\_  
 (e) Means of injury \_\_\_\_\_  
 23. Signature **Richard Niebauer** (M. D. or other) **MD**  
 Address **247 N. 12th St. St. Louis, Mo.** Date signed **7-22-47**

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

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**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 *Donald R. Cheever*

Licensed Embalmer No. *2915*

P. O. Address.....

**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.**