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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25998

FILED AUG 4 1947 318

Registrar's No. 6990

Registration District No. Primary Registration District No.

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:
City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ELIZABETH ROMICH

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

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

6. (b) Name of husband or wife William Romich 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased August, 25, 1885
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
61	11	1	hr. _____ min.

9. Birthplace Harrisburg, Penna.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Sourbeer

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

14. Maiden name Erma Miller

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

16. (a) Informant William Romich

(b) Address 1314a S. 9th. St.

17. (a) Burial (b) Date thereof 7/29/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director CHULICK FUNERAL HOME

(b) Address 1722 S. Jefferson Ave.

19. (a) JUL 29 1947 (b) J. F. Brodack
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MOU

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1314a S. 9th. St.
-23- (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 26 year 1947 hour 14 minute 0 M.

21. I hereby certify that I attended the deceased from from 1947 to July 26, 1947, that I last saw him alive on July 26 1947 and that death occurred on the day and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to Myper Tumor 5 yrs

Due to 85

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy see city Hosp Report

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) (2) Means of injury 0

23. Signature J. F. Brodack (M. D. or other)

Address 240 South 14 Date signed 7/28/47

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

MOTHER FATHER

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..... *Alex A. Chulick Jr.*.....

Licensed Embalmer No..... *4143*.....

P. O. Address..... *1722 S. Jefferson*.....

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.