. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 23 1948
Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 7436

Registrar's No. 424

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Kinloch
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence 4-E Hancock Ave St Louis 23 Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis 96
(c) City or town Jefferson Barracks Mo. 6
(If outside city or, town limits, write "RURAL")
(d) Street No. 4 E. Hancock Ave
(If rural, give location)
(e) Citizen of foreign country? Citizen of US (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Petema Buchanan Rombauer
3. (b) If veteran, name war —
3. (c) Social Security No.

4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Marion Thomas Rombauer
6. (c) Age of husband or wife if alive Dead 1936 years
7. Birth date of deceased Nov (Month) 27 (Day) 1871 (Year)

8. AGE: Years 76 | Months 2 | Days 16 | If less than one day ... hr. ... min.

9. Birthplace LeMars Iowa
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business None
FATHER
12. Name John Calder Buchanan
13. Birthplace Scotland, Glasgow
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Catherine Bergey
15. Birthplace Lancaster Co Penn
(City, town, or county) (State or foreign country)
16. (a) Informant Catherine Saubert Dau.
(b) Address 4 E. Hancock Ave St Louis Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-48
(Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill
18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd
19. (a) 2-14-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13
year 1948 hour 10:00 minute A.M.
21. I hereby certify that I attended the deceased from Feb 10, 1948, to Feb 13, 1948
that I last saw her alive on Feb 11, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death (a) Cardiac Failure	Progressive
2. Hypostatic Pneumonia	one week
Due to Senility + Arterio - Sclerosis mod.	9 yrs
Due to 97	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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 Charles N Beasley (M.D. or other)
Address 9-W Hancock Ave Date signed Feb 13-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side) St Louis 23 Mo

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

96
0
0

Thelma Campbell

Dr. Chester H. Beasley.
9 N. Howard St Suite 6
(23)

APR 10 1956

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 Jos. E McCulloh

Licensed Embalmer No. 2660

P. O. Address 6166 Delmar

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.