. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 7 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 14575

Registrar's No. 3956

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

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4161 Concordia Ave.
(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:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 01-0
(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No.: 4161 Concordia Ave. 9
(If rural, give location)
(e) Citizen of foreign country? Np (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Edmund Rhomberg
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed 4
6. (b) Name of husband or wife: Louise
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: April (Month) 13, (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
80	0	12	hr. min.

9. Birthplace: (City, town, or county) Austria (State or foreign country) 11
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Anton Rhomberg
13. Birthplace: (City, town, or county) Austria (State or foreign country) 4
MOTHER 14. Maiden name: Philomina Drexel
15. Birthplace: (City, town, or county) Austria (State or foreign country) 4
16. (a) Informant: Philip Rhomberg
(b) Address: 4048 Meramec St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Sun Set Burial Park
18. (a) Signature of funeral director: John H. Siebken Funeral Co.
(b) Address: 2630 Gravois Ave.
19. (a) APR 27 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th year 1948 hour 10, 50 minute A M.
21. I hereby certify that I attended the deceased from April 6, 1948, to April 25, 1948; that I last saw him alive on April 25, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	4/6/48+
Due to:	
Due to:	
Other conditions: Hypertension (Include pregnancy within 3 months of death)	4/6/48+

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: Bernard T. Roos (M. D. or other) MD
Address: 1755 Maryland Road St. Louis 16, Mo. Date signed: 4/26/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. 4147

working under my personal supervision.

Signed. Robert F. Gebhart

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave

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.