

No. 300  
-10-47  
5-17-39  
P-I 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED JUL 28 1948

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 24658  
Registrar's No. 6458

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 5367 Pershing Ave.  
(d) Length of stay: 39 years  
In this community 39 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County  
(c) City or town St. Louis  
(d) Street No. 5367 Pershing Ave.  
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Margaret A. Rohrman

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced S.O.

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Sept. 11th., 1876

8. AGE: Years 71 Months 10 Days 10 If less than one day

9. Birthplace Dyer Ind.

10. Usual occupation At Home

11. Industry or business John Rohrman

12. Name John Rohrman

13. Birthplace Germany

14. Maiden name Susan Grantges

15. Birthplace Unknown

16. (a) Informant Mrs. T.W. Spencer

(b) Address 5367 Pershing Ave.

17. (a) Removal (b) Date thereof 7-22-48

(c) Place: burial or cremation Hammond, Ind.

18. (a) Signature of funeral director (b) Address 3840 Lindell Blvd.

19. (a) Date received local registrar (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21st., year 1948 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from February 1948 to July 21 1948 that I last saw her alive on July 20 1948 and that death occurred on the date and hour stated above.

Immediate cause of death congestive myocardial failure  
Due to Hypertensive heart disease

Due to Paralytic agitans  
Other condition (Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature H.G. Newman (M. D. or other) Address 3720 Washington Date signed 7-21-48

Duration 10 days  
15 yrs.  
6 yrs.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

**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.**