

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3186

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

296

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (in this place) township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis					
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3650 Arsenal				d. STREET ADDRESS (If rural, give location) 3650 Arsenal					
3. NAME OF DECEASED (Type or Print) a. (First) Henry		b. (Middle)		c. (Last) Rohrbach		4. DATE OF DEATH (Month) (Day) (Year) Jan 9 1949			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 25, 1864			
9. AGE (In years last birthday) 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Germany			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME not known		13b. MOTHER'S MAIDEN NAME not known		14. NAME OF HUSBAND OR WIFE Minnie Rohrbach			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Edward Rohrbach		ADDRESS 3650 Arsenal			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>Coronary Occlusion</i> ANTECEDENT CAUSES <i>Chronic Myocarditis, Arteriosclerosis</i> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>4-2-2-9-2-0</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>no</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR					
22. I hereby certify that I attended the deceased from <i>Dec 31</i> ^{<i>1948</i>} to <i>Jan 9</i> , 1949, that I last saw the deceased alive on <i>Jan 9</i> , 1949, and that death occurred at <i>4:30</i> p.m., from the causes and on the date stated above.									
23a. SIGNATURE <i>W. B. Sasata M.D.</i>				23b. ADDRESS <i>4717 Morganford</i>		23c. DATE SIGNED <i>1/10/49</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24b. DATE <i>1/12/49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Park Lawn Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Lemay, Mo.</i>			
DATE REC'D BY LOCAL REG. <i>JAN 11 1949</i>		REGISTRAR'S SIGNATURE <i>J. B. Sasata</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>J. L. Ziegenhein & Sons</i>		ADDRESS <i>7027 Gravois</i>			

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *W. G. Peterson* _____

Licensed Embalmer No. *3767* _____

P. O. Address *7027 Gravois* _____

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.