

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25229

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6888

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4402 McPherson Ave		d. STREET ADDRESS (If rural, give location) 4402. McPherson Ave	
3. NAME OF DECEASED (Type or Print) a. (First) Carl b. (Middle) Edgar c. (Last) Rohde		4. DATE OF DEATH (Month) (Day) (Year) August 8 1949	
5. SEX Male ( )	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 28-1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Engineer - International Shoe Co.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Belleflower, Illinois /
13a. FATHER'S NAME Linnville Rohde		13b. MOTHER'S MAIDEN NAME Arrevill Wheelless	14. NAME OF HUSBAND OR WIFE Sybill Rohde
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS 4402 McPherson Ave- St. Louis, Mo.	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH ? 1946 1946
	2. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis		
	DUE TO (c) Hypertension		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 102
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? 21-11-12-X

22. I hereby certify that I attended the deceased from July 1, 1949 to Aug 3, 1949, that I last saw the deceased alive on Aug 3, 1949, and that death occurred at 7:15 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Neal M. Scully M.D.	23b. ADDRESS 5427 Delmar, St Louis	23c. DATE SIGNED 8-8-49
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG 10 1949	24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEM.
24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons- 7233 Delmar Blvd	
DATE REC'D BY LOCAL REG. AUG 8 1949	REGISTRAR'S SIGNATURE	

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Missouri

**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.