

FILED MAR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7198**
Registrar's No. **325**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Rural Wellston		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) 25 days		d. STREET ADDRESS (If rural, give location) 5 5707 McPherson	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent's Sanitarium			
3. NAME OF DECEASED (Type or Print) a. (First) Margaret		b. (Middle) Rohan	
c. (Last) Rohan		4. DATE OF DEATH (Month) (Day) (Year) Feb. 5 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Feb. 11, 1878
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months 11	IF UNDER 24 HRS. Days 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Mound City, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Michael Williams		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Fitzgerald	
14. NAME OF HUSBAND OR WIFE James J. Rohan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME Mr. Walter Rohan, son		ADDRESS 6924 Pershing	
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* (a) Valvular Heart Disease ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. Senility Senile Psychosis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 1-10 , 19 50 , to 2-5 , 19 50 , that I last saw the deceased alive on 2-5 , 19 50 , and that death occurred at 6:50 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE SR Bauet M.D.		23b. ADDRESS 7301 St. Charles Rock Rd	
23c. DATE SIGNED 2-5-50			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 2-8-50	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cem		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL HEALTH DEPARTMENT FEB 7 1950		REGISTRAR'S SIGNATURE Herbert J. Doube	
FEDERAL DEPARTMENT OF HEALTH SIGNATURE Chas. F. Stuart		ADDRESS 1225 Union	

(Licensed Embalmer's Statement on Reverse Side)

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

40000
xll

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.

Signed Edmund McNeary

Signed.....
Student Embalmer

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.