

FILED OCT 5 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11885**
Registrar's No. **7990**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2240	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hosp.		d. STREET ADDRESS (If rural, give location) 2811a McNair 8	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) Elmer	b. (Middle) N.	c. (Last) Rohrbacher	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0	8. DATE OF BIRTH July 18, 1903
9. AGE (In years last birthday) 47		10. USUAL OCCUPATION (If the kind of work done during most of working life, even if retired) Brewery worker	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri
10a. USUAL OCCUPATION (If the kind of work done during most of working life, even if retired) Brewery worker		10b. KIND OF BUSINESS OR INDUSTRY Anheuser Busch	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Casper Rohrbacher	13b. MOTHER'S MAIDEN NAME Wilhelmina Stephens	14. NAME OF HUSBAND OR WIFE -----
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) Yes WW #2	16. SOCIAL SECURITY NO. 490-01-0958	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Peter Rohrbacher-2811a McNair

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Compound comminuted fracture of skull, suffered in fall from second floor window to ground		
	II. OTHER SIGNIFICANT CONDITIONS blow at Mo Baptist Hosp about 1100 am Sept 20		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 000 Accident	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hosp	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 20 50	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 790 20

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **1100A** m., from the causes and on the date stated above.

23a. SIGNATURE Patrick E. Taylor (Degree or title) Coroner	23b. ADDRESS 1300 Oak	23c. DATE SIGNED 9-21-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/25/50	24c. NAME OF CEMETERY OR CREMATORY Nat. Cemetery
24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wacker-Helderb 3634 Gravois	
DATE REC'D BY LOCAL REG. SEP 21 1950	REGISTRAR'S SIGNATURE J.B. Laster	

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

OCT 24 1950

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Robert C. Wheeler

Signed.....
Student Embalmer

Licensed Embalmer No. 2128

P. O. Address St. Louis, Mo.

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.