

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4552**REG. DIST. NO. **114** PRIMARY REG. DIST. NO. **1432** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Meramec Township)		c. LENGTH OF STAY (In this place) 6 Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Meramec Township		d. STREET ADDRESS (If rural, give location) Sullivan, Mo. 0360	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home Sullivan, Mo.							
3. NAME OF DECEASED (Type or Print) a. (First) Katherine b. (Middle) Anna c. (Last) Rohrman			4. DATE OF DEATH (Month) March (Day) 2 (Year) 1952				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3-29-88	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 11 Days 3	IF UNDER 2 HRS. Hours Min. 	
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) Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Steinkamp		13b. MOTHER'S MAIDEN NAME Hinretta Swetz		14. NAME OF HUSBAND OR WIFE Herman Rohrman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 493-20-6197		17. INFORMANT'S SIGNATURE OR NAME Alletta Rohrman ADDRESS 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of ascending colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes DUE TO (c) Generalized metastasis				INTERVAL BETWEEN ONSET AND DEATH 5 yrs 2 mos	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Jan 5, 1952 to Feb 29, 1952 , that I last saw the deceased alive on Feb 29, 1952 , and that death occurred at 8 P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) A. F. Anderson, M.D.				23b. ADDRESS Sullivan, Mo.		23c. DATE SIGNED 3/3/52	
24a. BURIAL, CREMATION, CREMATION REMOVAL (Specify) Crementation		24b. DATE 3/4/52	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
DATE REC'D BY LOCAL REG. 3-4-52		REGISTRAR'S SIGNATURE Ch. B. Carter		25. FUNERAL DIRECTOR'S SIGNATURE W. H. P. Shaffer		ADDRESS Sullivan, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

360

FILED MAR 11 1952

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 J. A. Humphrey.....

Licensed Embalmer No. 4772.....

P. O. Address Sullivan, 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.