

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26624**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1997**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>22</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Overland</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>2 mon.</b>		d. STREET ADDRESS (If rural, give location) <b>1322 St. Ange Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b># 9, Ritenour</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Mathilda</b>	b. (Middle) <b>Louise</b>	c. (Last) <b>Rohy</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>7-25-52</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>9/11/1879</b>	9. AGE (In years last birthday) <b>72 yrs.</b>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 10 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Henry Grodie</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Braver</b>	14. NAME OF HUSBAND OR WIFE <b>Charles W. Rohy</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Viola Fick</b>	ADDRESS <b>9 Ritenour</b>
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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		19. INTERVAL BETWEEN ONSET AND DEATH <b>3 days - 3 years -</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Terminal Pneumonia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cancer of Breast</b> DUE TO (c) <b>170X</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>Sept 18 1952</b>	19b. MAJOR FINDINGS OF OPERATION <b>Cancer</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from **July 23, 1952**, to **July 25, 1952**, that I last saw the deceased alive on **July 22, 1952**, and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Roy A. Waechter</b>	23b. ADDRESS <b>7118 Overland Mo.</b>	23c. DATE SIGNED <b>7-26-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-28-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>
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DATE REC'D BY LOCAL REG. <b>7-26-52</b>	REGISTRAR'S SIGNATURE <b>Herbert P. Randall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>E. J. Schauer</b>	ADDRESS <b>3125 Lafayette</b>
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(Licensed Embalmer's Signature on Reverse Side)

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 Jack B. Vallin

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.