

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41062**
Registrar's No. **10421**

FILED NOV 25 1953

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

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. CITY OR TOWN Northwood		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 2 WKS		e. STREET ADDRESS (If rural, give location) 4710 Roxie Avenue		d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital	
3. NAME OF DECEASED (Type or Print) a. (First) Eva			b. (Middle) Estelle		c. (Last) Rohl
4. DATE OF DEATH (Month) (Day) (Year) 10 - 31 - 1953					
5. SEX Fem	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/12/1882	9. AGE (In years last birthday) 71	10. UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) Perryville, Missouri		12. CITIZEN OF WHAT COUNTRY 0	
13a. FATHER'S NAME William Stone		13b. MOTHER'S MAIDEN NAME Samantha Blaylock		14. NAME OF HUSBAND OR WIFE George A. Rohl	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. George A. Rohl, 4710 Roxie Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, pneumonia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia terminal ANTECEDENT CAUSES Chronic conditions of any, giving rise to the above cause (or stating the underlying cause last.) DUE TO (b) chronic Bronchial asthma years DUE TO (c) fracture of Head and neck of left femur comminuted II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			INTERVAL BETWEEN ONSET AND DEATH 4 days 15 days
19a. DATE OF OPERATION 10/21/53		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.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Co. Mo.		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 16 1953 7:40 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell on yard E9040		
22. I hereby certify that I attended the deceased from Oct 16 , 1953, to Oct 31 , 1953, that I last saw the deceased alive on Oct 30 , 1953, and that death occurred at 4:45 A.M. , from the causes and on the date stated above. 21					
23a. SIGNATURE (Degree or title) Rev. A. Halthus, M.D.			23b. ADDRESS Reverend and Mrs. Nov 2/53		23c. DATE SIGNED Nov 2/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11/3/53	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.		
DATE REC'D BY LOCAL REG. NOV 3 1953		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral 1905 Union Blvd.	

Dr. R. A. Walthers, Sr.
2438 Woodson Rd.

Sat. - 2 to 4
Mon 2 to 4

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.....
Signature of Student Embalmer

Signed..... *Albert R. Thompson Jr.*

Licensed Embalmer No. *4257*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.