

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35113

State File No.

FILED NOV 15 1955
BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9477

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Illinois b. COUNTY Washington | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN Hoyleton |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| | | e. STREET ADDRESS (If rural, give location) Rural | |

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|--|------------|-------------|----------------------|---|
| 3. NAME OF DECEASED (Type or Print) Gustav | a. (First) | b. (Middle) | c. (Last) Rommelmann | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 31, 1955 |
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|-------------|------------------------|--|-------------------------------|------------------------------------|------------------------|----------------------|----------------------|---------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Feb. 6, 1894 | 9. AGE (In years last birthday) 61 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 HR. Hours | IF UNDER 1 HR. Min. |
|-------------|------------------------|--|-------------------------------|------------------------------------|------------------------|----------------------|----------------------|---------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Grain | 11. BIRTHPLACE (City and State or Foreign Country) Washington Co., Ill. | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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| 13a. FATHER'S NAME Henry Rommelmann | 13b. MOTHER'S MAIDEN NAME Caroline Friend | 14. NAME OF HUSBAND OR WIFE Anna Rommelmann |
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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) NO | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT'S SIGNATURE OR NAME Anna Rommelmann, Hoyleton, Ill. | ADDRESS |
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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, 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) Congestive heart failure | | 2 mo |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic emphysema DUE TO (c) | | 2 yrs |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 527.1 | 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) |
| 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 Aug, 1952, to October 30, 1955, that I last saw the deceased alive on Oct 30, 1955, and that death occurred at 4 A. m., from the causes and on the date stated above.

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|---------------------------------|-------------------|------------------------------|---------------------------|
| 23a. SIGNATURE I Canunbaum M.D. | (Degree or title) | 23b. ADDRESS 3701 Grandel St | 23c. DATE SIGNED 10-31-55 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 10-31-55 | 24c. NAME OF CEMETERY OR CREMATORY Trinity Lutheran | 24d. LOCATION (City, town, or county) (State) Hoyleton, Ill. |
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| DATE REC'D BY LOCAL REG. OCT 31 1955 | REGISTRAR'S SIGNATURE [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd. | ADDRESS |
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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.....
Signature of Student Embalmer

Signed *John S. Dennis*
Licensed Embalmer No. *4194*
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.