

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **22437**

FILED JUL 2 1956

BIRTH NO. _____		REG. DIST. NO. <b>312</b>		PRIMARY REG. DIST. NO. <b>500</b>		Registrar's No. <b>1503</b>	
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>ST LOUIS</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>SAPPINGTON</b>		c. LENGTH OF STAY (in this place) <b>31 YRS</b>		c. CITY OR TOWN <b>SAPPINGTON</b>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rt 6-Box 805</b>				e. STREET ADDRESS (If rural, give location) <b>Rt 6-Box 805</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>IDA</b>			b. (Middle) <b>LENA</b>		c. (Last) <b>ROHMANN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE-16-1956</b>
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>FEB-12-1876</b>		9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months <b>4</b>	IF UNDER 12 HRS. Days <b>4</b> Hours <b>4</b> Min.
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>HOME</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ST LOUIS Co, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>HENRY THEISS</b>			13b. MOTHER'S MAIDEN NAME <b>CAROLINE NIEMAN</b>		14. NAME OF HUSBAND OR WIFE (DECEASED) <b>HENRY ROHMANN</b>		
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>OSCAR ROHMANN</b>		ADDRESS <b>5515 FINKMAN AVE ST LOUIS, MO.</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>arteriosclerosis heart disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stalling the underlying cause last. DUE TO (b) <b>cardiac decompensation</b>			<b>3 weeks</b>
				DUE TO (c)			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>1</b>			
19a. DATE OF OPERATION <b>NO</b>		19b. MAJOR FINDINGS OF OPERATION <b>None</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <b>NO</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>NO</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4200 (COUNTY)</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>NO</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>NO</b>			
22. I hereby certify that I attended the deceased from <b>1 April 1956</b> , to <b>6-16</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>6-15</b> , 19 <b>56</b> , and that death occurred at <b>1A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Wald N. J. Roman MD</b>				23b. ADDRESS <b>9505 Quavis</b>		23c. DATE SIGNED <b>6-18-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JUNE-19-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OLD ST JOHNS CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>MEHLVILLE, MO.</b>		
DATE REC'D BY LOCAL REG. <b>6-19-56</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Dombard MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Fey FUNERAL HOME</b>		ADDRESS <b>MEHLVILLE, MO.</b>	

(Licensed Embalmers' Statement 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.....  
Signature of Student Embalmer

Signed *Gustav W. Dauterle*

Licensed Embalmer No. *4329*

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