

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

25547

State File No.

BIRTH NO. FILED JUL 18 1956 REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 590 Registrar's No. 1674

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn,		c. CITY OR TOWN Pine Lawn 41510	
c. LENGTH OF STAY (In this place) 13 Years		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4104 Ravenwood Avenue, 20,		e. STREET ADDRESS (If rural, give location) 4104 Ravenwood Avenue, 20,	

3. NAME OF DECEASED (Type or Print)	a. (First) BRIDGET	b. (Middle) JOSEPHINE	c. (Last) ROHLMAN	4. DATE OF DEATH (Month) (Day) (Year) July 7th, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 11th, 1892	9. AGE (In years) (Last birthday) 64	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Mc Mahon	13b. MOTHER'S MAIDEN NAME Bridget O'Grady	14. NAME OF HUSBAND OR WIFE William Rohlman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME William Rohlman	ADDRESS 4104 Ravenwood Avenue, 20,
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular thrombosis		1 day
	ANTECEDENT CAUSES Forbidd conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis with repeated episodes of thrombosis DUE TO (c)		13 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			332x

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 334x	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 Feb, 1956, to July 7, 1956, that I last saw the deceased alive on July 7, 1956, and that death occurred at 11:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles Silverberg, MD	23b. ADDRESS 462 N. Taylor Ave.	23c. DATE SIGNED 7/10/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7/11/56	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. 7-10-56	REGISTRAR'S SIGNATURE Herbert B. Romberg	25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ	ADDRESS 4828 Natural Bridge Blvd., St. Louis, 15, Missouri
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

Also 1-5 body

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..... *Raegun C. Zindler*.....

Licensed Embalmer No... *4278*

P. O. Address... *Sid Zindler*

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.