

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027387
STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 63773

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY ST. CLAIR	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS, MISSOURI		c. CITY OR TOWN BELLEVILLE 8/20/58	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR VAH 915 N. GRAND AVE		d. STREET ADDRESS (If outside, give location) 415 S 14th ST.	
Length of stay in lb 29 DAYS		Reside on Farm Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last ROMPEL, JOSEPH C ROMPEL			4. DATE OF DEATH Month Day Year 6/21/58		
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5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8/18/99	9. AGE (In years at birthday) 58	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RELATIONS REP.	10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) BELLEVILLE, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME CHARLES ROMPEL	13b. MOTHER'S MAIDEN NAME ELIZABETH HERBINE	14. NAME OF HUSBAND OR WIFE ANN ROMPEL
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) YES WW I	16. SOCIAL SECURITY NO. 318 14 1981	17. INFORMANT Address VAH RECORDS 915 N. GRAND ST. LOUIS, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNEUMONIA		INTERVAL BETWEEN ONSET AND DEATH 2 DAYS
DUE TO (b) CARCINOMA OF THE LEFT KIDNEY		
DUE TO (c)		UNKNOWN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. attended the deceased from 5/23/58 to 6/21/58 and last saw her alive on 6/21/58 Death occurred at 9:45 P on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Fred L. Grayson MD	22b. ADDRESS VAH 915 N. GRAND AVE ST. LOUIS	22c. DATE SIGNED MO 6-22-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-23-58	23c. NAME OF CEMETERY OR CREMATORY Mount Calvary	23d. LOCATION (City, town, or county) (State) Shiloh, Illinois
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24. FUNERAL DIRECTOR ADDRESS Geo. Kerner Belleville Ill.	25. DATE RECD. BY LOCAL REG. JUN 24 '58	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 not embalmed, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Geo. Hennes
Licensed Embalmer No. 7314
P. O. Address Peleeville Ill

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.