

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. Louis</b>		c. CITY OR TOWN <b>ST. Louis</b>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. ANTHONY Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>3225 S. 7TH</b>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>TIMOTHY</b> Middle <b>L.</b> Last <b>ROHLMANN</b>			4. DATE OF DEATH Month <b>Nov</b> Day <b>7</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-2-1960</b>	9. AGE (last birthday) <b>5</b>	IF UNDER 1 YEAR Months <b>5</b> Days	IF UNDER 24 HR Hours <b>5</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>		11. BIRTHPLACE (City and state or country) <b>ST. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Wayne ROHLMANN</b>			13b. MOTHER'S MAIDEN NAME <b>ALBERTA DANUSER</b>		14. NAME OF HUSBAND OR WIFE <b>—</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 <b>WAYNE ROHLMANN</b>	Address <b>3225 S. 7TH</b>
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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:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Fetal Anoxia</b>			
DUE TO (b) <b>Cause unknown</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <b>762.0</b>			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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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 <b>—</b> Month, Day, Year <b>—</b>	20d. INJURY OCCURRED WHILE AT WORK <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. I attended the deceased from <b>11-2-60</b> to <b>11-7-60</b> and last saw her/him alive on <b>11-7-60</b>	
Death occurred at <b>11:50 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <i>George A. Brennan MD</i>	(Degree or title)	22b. ADDRESS <b>3606 Gravois</b>	22c. DATE SIGNED <b>11/10/60</b>
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23a. BURIAL, CREATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>Nov 9, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>ST. Louis Co. Mo.</b>
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24. FUNERAL DIRECTOR <b>Thomas Kutis</b>	ADDRESS <b>2906 Gravois</b>	25. DATE RECD. BY LOCAL REG. <b>11-9-1960</b>	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>
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DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

*not*  
↑

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Eleana Province

Licensed Embalmer No. 3403

P. O. Address 2906 Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.