SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-007201

STATE FILE NUMBER

AMENDED ✓ FILED VS MAR 2 1961

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 469

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood — Length of stay in 1b: 2 da.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jefferson
c. CITY OR TOWN Pacific — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 2 mi S. of Pacific — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Bertha Middle: Margaret Last: Rommel
4. DATE OF DEATH Month: Feb Day: 12 Year: 1961
5. SEX: f
6. COLOR OR RACE: W
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Jan 30, 1887
9. AGE (last birthday): 74. IF UNDER 1 YEAR: Months Days IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: –
11. BIRTHPLACE (City and state or country): Pacific Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: August Rommel
13b. MOTHER'S MAIDEN NAME: Emma Lindner
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Clara Reppeg Address: 4205 John St Louis

MEDICAL CERTIFICATION

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): Coronary Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis hypertension yes
DUE TO (c): heart disease + ADENOMA of Thyroid
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Thyrotoxicosis due large ADENOMA of thyroid
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Febr 09 - 1961 to Febr 12-61 and last saw her alive on 2/12/61
Death occurred at 9 45 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L. Beker MD
22b. ADDRESS: Pacific Mo
22c. DATE SIGNED: 2/15/61

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE: 2-15-61
23c. NAME OF CEMETERY OR CREMATORY: St. Bridgets
23d. LOCATION (City, town, or county): Pacific (State) Mo

24. FUNERAL DIRECTOR: Mrs John L. Thuber ADDRESS: Pacific Mo
25. DATE RECD. BY LOCAL REG.: 2-15-61
26. REGISTRAR'S SIGNATURE: John C. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph Altmann

Licensed Embalmer No. 4808

P. O. Address Union 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.