MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

MAR 24 1934

File No. 4508

Registered No.

1. PLACE OF DEATH

36 County Franklin — Registration District No. 295

6 Township — Primary Registration District No. 4179

2 City Sullivan (No. ... St. ... Ward)

2. FULL NAME John Henry Rommelman

(a) Residence, No. ... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Frances Rommelman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 19, 1864

7. AGE: Years 69 | Months 5 | Days 8 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

FATHER

13. NAME John Christian Rommelman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kelle Germany

MOTHER

15. MAIDEN NAME Louise Roeckman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kelle Germany

17. INFORMANT Mabel Rommelman
(ADDRESS) Sullivan, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE I.O.O.F. Cem. DATE March 1, 1934

19. UNDERTAKER Thos. P. Shaffer
(ADDRESS) Sullivan, Mo.

20. FILED Feb. 27, 1934 Jas. P. Dunigan
Registrar.

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1934, to Feb. 27, 1934

I last saw ~~him~~ alive on Feb. 26, 1934. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sudden cardiac	
5 Stoppage while	
sleeping - probably	
8 Cardiac Digitalin	

Other contributory causes of importance:
Acute indigestion
during the week of Feb 18, 1934.

Name of operation ... Date of ...
What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) R. P. Royce, M. D.
(Address) Sullivan Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

6Um: