

REC'D MAR 24 1938

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

8135  
Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96  
(b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
(c) City Richmond Hts. (d) Street No. St. Mary's Hospital Registered No. 300  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Mary A. Rohde 300  
(a) Residence, No. 4309 Gratiot St. St.  Shrewsbury  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Late John Rohde  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1867  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 7 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
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 Bernard LASCHE  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Josephine Brockamp  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. John A. Meara  
(ADDRESS) 4956 Labadie Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 2-15 1938

19. FUNERAL DIRECTOR Kriegshauser Mortuaries  
(ADDRESS) 4228 So. Kingshighway

20. FILED 2-14 1938 T.R. Meyer M.D. Dist. Reg.  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-12 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/6 1938 until 2/12 1938  
I last saw him alive on 2/7 1938 Death is said to have occurred on the date stated above, at 12 Noon  
The principal cause of death and related causes of importance were as follows:

Acute Corary Dilatation  
108  
Date of onset 2/7/38

Other contributory causes of importance:  
Pneumococci Septicemia Tuberculosis  
Date of onset 2/5/38

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis \_\_\_\_\_ 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) W. J. Meara, M. D.

(Address) 4228 So. Kingshighway

NE 0147

Adm. 2-1-53

STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed *Edwin M. Bennett*

Licensed Embalmer No. *3024*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)