

3-40
-39
K23159

Registration District No. **791** Primary Registration District No. **1003**

PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Anthony Hosp.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 das**
(Specify whether
In this community **20 yrs.**
years, months or days)

3. (a) PRINT FULL NAME **Frank Rohr**

3. (b) If veteran, name war **World war**
3. (c) Social Security No. **488-03-7029**

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Edna Rohr**
6. (c) Age of husband or wife if alive **39** years

7. Birth date of deceased **May 17 1890**
(Month) (Day) (Year)

8. AGE: Years **50** Months **5** Days **10**
If less than one day hr. min.

9. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **baker**

11. Industry or business **Famous-Barr**

12. Name **Lawrence Rohr**

13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Pauline Pfister**

15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edna Rohr**

(b) Address **941 Wachtel**

17. (a) **burial** (b) Date thereof **Oct 30/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope**

18. (a) Signature of funeral director **Fendler Und.Co.**

(b) Address **7420 Michigan Ave.**

19. (a) **OCT 29 1940** (b) **J. F. Bredich**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Lemay, Mo.**
(If outside city or town limits, write "RURAL") **NR**
(d) Street No. **941 Wachtel**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **--** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct 27** day
year **1940** hour **10:30** minute **P** M.

21. I hereby certify that I attended the deceased from **Oct 22**, 19**40** to **Oct 27**, 19**40**
that I last saw him alive on **Oct 27**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Peritonitis**
Colon bacillus infection

Due to **Appendicitis, and**
acute diverticulitis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **Appendicitis with Peritonitis**
Of autopsy **Acute diverticulitis**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **A. W. Peters** (M. D. or other)
Address **4145 S Grand** Date signed **Oct 25/40**

Duration **5 days**
5 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Cleves E. Fendler

Licensed Embalmer No. *4148*

P. O. Address *St. Louis, Mo.*

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

If this body is not embalmed, fact should be so stated above.