V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4873

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 1136

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Masonic Home of Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 yrs. 7 mo. (Specify whether
In this community same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5351 Delmar Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Augustus Rohning

3. (b) If veteran, name war don't know

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February 11, 1849 (Month) (Day) (Year)

8. AGE: Years 92 | Months 11 | Days 24 | If less than one day hr. min.

9. Birthplace Odessa, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Henry Rohning
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Clara D. Rothe
(b) Address 5351 Delmar Blvd. St. Louis, Mo

17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof 2/5/1942. (Month) (Day) (Year)
(c) Place: burial or cremation Warrensburg, Mo.,

18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address #7233 Delmar Boulevard.

19. (a) FEB 5 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5. year 1942 hour 12. 00 minute Noon M.

21. I hereby certify that I attended the deceased from August 29. 29, 19, to Feb. 5. 1942., 19 that I last saw him alive on February 5. 1942., 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	4 yrs
Due to Senility	6 moth
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ---0---
(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? (Specify type of place)
While at work (e) Means of injury ---0---

23. Signature Helen Cameron (M. D. ~~or other~~)
Address 5 8 N Grand Blvd Date signed 2/5/42

(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.....

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

working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011.

P. O. Address St. Louis, 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 this body is not embalmed, fact should be so stated above.