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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 23 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

State File No. 42867

Registration District No. 318 Primary Registration District No. Registrar's No. 10763

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

41676

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:
St. Louis Childrens Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town ~~St. Louis~~ Mattese
(If outside city or town limits, write "RURAL")

(d) Street No. ~~St. Louis Childrens Hospital~~
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) NR

If yes, name country

3. (a) PRINT FULL NAME Janet Florence Rhomberg

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased December (Month) 11 (Day) 1946 (Year)

8. AGE: Years | Months | Days 4 | If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business 0

FATHER
12. Name Arthur Rhomberg
13. Birthplace Mattese, (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Evelyn Gettner
15. Birthplace St. Louis Co., (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Arthur Rhomberg
(b) Address Mattese, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-16-46 (Month) (Day) (Year)
(c) Place: burial or cremation New Peter & Paul

18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Av.

19. (a) DEC 16 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 15
year 46 hour 7 minute 20 PM.

21. I hereby certify that I attended the deceased from 12-14, 1946, to 12-15, 1946;
that I last saw her alive on 12-15, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Erythroblastosis fetalis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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)

(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

23. Signature R. J. Blattner (M. D. or other)

Address M. B. Kingsbury Date signed

(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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.