S. No. 2
M—5-43
. 5-17-39
P I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 24 1946

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 42889

Registrar's No. 10622

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4974a Mardel Ave.
(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 Mo. (b) County

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

(d) Street No. 4974a Mardel Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Alice J. Rohacek

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Late John

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

7. Birth date of deceased April (Month) 21 (Day) 1857 (Year)

8. AGE: Years 89 Months 7 Days 19 If less than one day hr. min.

9. Birthplace Green Co. (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name George Robley
13. Birthplace Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Harry Rohacek
(b) Address 4974a Mardel

17. (a) Removal (Mtr.) (Burial, cremation, or removal) (b) Date thereof 12 (Month) 12 (Day) 46 (Year)
(c) Place: burial or cremation Jerseyville, Ill.

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) DEC 11 1946 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10th year 1946 hour 4:20 minute P. M.

21. I hereby certify that I attended the deceased from September 21, 1946, to December 10, 1946; that I last saw her alive on December 9, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	9/21/46 +
Due to: Arteriosclerosis - generalized	9/21/46 +
Due to: Senility	9/21/46 +
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations None
Of autopsy None

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

23. Signature Bernard T. Koon (M. D. or other) M. D.
Address 4755 S Morganford Rd. St. Louis 16, Mo. Date signed 12/11/46

(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 Edwin M. Dermott

Licensed Embalmer No. 3024

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.