

No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32958

State File No.

Registrar's No.

8742958

Registration District No. 318

Primary Registration District No. 1003

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:
Firmin De Loge Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME. **Christian F. Rommel**

3. (b) If veteran, name war..... **no**

3. (c) Social Security No. **493-05-8254**

4. Sex. **Male** 5. Color or race. **White**

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

6. (b) Name of husband or wife. **Julia Rommel**

6. (c) Age of husband or wife if alive. **60** years

7. Birth date of deceased. **October 25 1880**
 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | 66 | 10 | 21 | hr. min. |

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

10. Usual occupation. **Sheet Metal Worker**

11. Industry or business. **Titanium Pigment Co.**

12. Name. **Christian Rommel**

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

14. Maiden name. **Paulina Hehr**

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

16. (a) Informant. **Mrs. Julia Rommel**

(b) Address. **3702 a S. Jefferson**

17. (a) **Cremation** (b) Date thereof. **Sept. 18-47**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **Missouri Crematory**

18. (a) Signature of funeral director. **C. Hoffmeister U. & L. Co.**

(b) Address. **7814 S. Broadway**

19. (a) **SEP 17 1947** (b) **J. F. Budeck**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Missouri** (b) County..... **000**

(c) City or town..... **St. Louis**
 (If outside city or town limits, write "RURAL") **17**

(d) Street No. **3702 a S. Jefferson**
24 (If rural, give location) **9**

(e) Citizen of foreign country? **no** (Yes or No) **0**

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. **September** day. **16**
 year. **1947** hour. **12** minute. **noon** M.

21. I hereby certify that I attended the deceased from **9-23-46**
 to **9-16-47**

that I last saw him alive on **9-14**
 and that death occurred on the date and hour stated above.

Immediate cause of death. **Carcinoma of rectum metastases. blood recurrence in pelvis.**

Due to. **not known**

Duration **1 year.**

Due to.....

Other conditions. **H/O**
 (Include pregnancy within 3 months of death)

Major findings: **Extensive Carcinoma of rectum. Operated 10-7-46.**

Of operations.....

Of autopsy. **massive pelvic recurrence.**

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)

(c) Means of injury.....

23. Signature. **Charles Sherwin** (M. D. or other) **0**

Address. **3720 Washington** Date signed **9-17-47**

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 *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address: *7814 S. Broadway*

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.