. S. No. 2
DM—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40396

FILED DEC 8 1947

Registration District No. 3477 — Primary Registration District No. 3063 — Registrar's No. 2466

1. PLACE OF DEATH
(a) County: St. Louis County
(b) City or town: Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)
In this community: 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis Co.
(c) City or town: Berkley City (If outside city or town limits, write "RURAL")
(d) Street No.: 8833 Radian (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Etta Rommel
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: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Feb. (Month) 13 (Day) 1874 (Year)

8. AGE: Years 73 | Months 9 | Days 15 | If less than one day: hr. min.
9. Birthplace: Morrison (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: None
11. Industry or business: None
12. Name (Father): Jake Rommel
13. Birthplace (Father): Unknown (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Catherine Burlein
15. Birthplace (Mother): (City, town, or county) Germany (State or foreign country)
16. (a) Informant: Mrs. Williamson
(b) Address: 5149 Cates
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 1 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Our Redeemer Cem
18. (a) Signature of funeral director: Beiderwieden Funeral Home
(b) Address: 1936 St. Louis Ave.
19. (a) 12-1-47 (Date received local registrar) (b) Cecil [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28 year 1947 hour 12 minute 50 P.M.
21. I hereby certify that I attended the deceased from Nov. 27, 1947, to Nov. 28, 1947, that I last saw her alive on Nov. 28, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemorrhage from Right posterior cerebral artery due to arterio sclerosis	24-48 hrs.
Due to: General arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Parenchymatous degeneration, emphysema, stigmata of rheumatic heart disease	Sev. yrs.

Major findings of operations:
Of autopsy: As noted above

PHYSICIAN — Underline the cause of 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: M
23. Signature: Julius E. Hirsch (M. D. or other)
Address: 601 Bentwood Blvd. Date signed: 11/28/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 8 1947

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 Glen W Hatz

Licensed Embalmer No. 3737

P. O. Address 1936 Ap. Lowes Ave

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.