

FILED DEC 14 1948
318
Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
Park Lane 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 001

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

(d) Street No. 3362a S Broadway
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Bernard Rohtert Jr

3. (b) If veteran, name war _____

3. (c) Social Security No. 492-03-3207

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 12 day 6
year 1948 hour 12 minute 30a M.

21. I hereby certify that I attended the deceased from November 28, 1948 to December 5, 1948
that I last saw him alive on December 5, 1948
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

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

7. Birth date of deceased: April 22 1888
(Month) (Day) (Year)

Immediate cause of death Bowel obstruction. Duration _____

Due to Adhesions.

Due to _____

Other conditions 12/7
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>7</u>	<u>14</u>	hr. _____ min. _____

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

10. Usual occupation Labor

11. Industry or business _____

12. Name Bernard Rohtert Sr.

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

14. Maiden name Theresa Entel

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

Major findings: Obstruction.

Of operations _____

Of autopsy _____

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

16. (a) Informant Annie Rohtert

(b) Address 3362a S Broadway

17. (a) Burial (b) Date thereof 12/8/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Wm C Mygale Und

(b) Address 1926 Allen Av

19. (a) DEC 7 1948 (b) J B Luster
(Date received local registrar) (Registrar's signature)

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 Wm J Smith (M.D. or other) M.D.

Address 4930 Lindell Blvd. Date signed 12-7-48

MOTHER FATHER USE OPPOSITE BLACK LINE - MAKE A PERMANENT RECORD

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Benny A. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

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.