

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3187

FILED FEB 14 1949

State File No. 1026

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 1026
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 3 WEEK		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Co.
d. FULL NAME OF HOSPITAL OR INSTITUTION HEPAUL HOSP.		d. STREET ADDRESS (If rural, give location) 9947 JEFFERY Dr.		
3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) T. c. (Last) ROHRBACHER		4. DATE OF DEATH (Month) (Day) (Year) JAN. 29 - 1949		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 15 1890	9. AGE (In years last birthday) 58 If under a year: Months 5 Days 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) EVANSVILLE IND.
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME FRANK ROHRBACHER		13b. MOTHER'S MAIDEN NAME ROSA PILLMAN
14. NAME OF HUSBAND OR WIFE MARION ROHRBACHER		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME Marion Rohrbacher		17. ADDRESS 9947 Jeffery Dr.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary infarct ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9/2		INTERVAL BETWEEN ONSET AND DEATH 2 wks. 3 yrs
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from 3 July, 1946 , to 29 Jan., 1949 , that I last saw the deceased alive on 29 Jan., 1947 , and that death occurred at 7 P. m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) McBeveran M.D.		23b. ADDRESS 3633 N. Newland		23c. DATE SIGNED 2/1/49
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB. 3/49	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.	24d. LOCATION (City, town, or county) (State) CALVARY & FLORISSANT St. Louis	
DATE REC'D BY LOCAL REG. FEB 2 1949	REGISTRAR'S SIGNATURE J.B. Laster	25. FUNERAL DIRECTOR'S SIGNATURE Diedrich F. Home ADDRESS 8319 Wells Ferry Mo.		

WRITE PLAINLY—USING UNFADING BLACK INK—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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Albert G. Kopp

Signed:.....

Student Embalmer

Licensed Embalmer No. *2971*

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.