

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42909

State File No.

FILED DEC 27 1949

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10885**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY 017	
b. CITY OR TOWN St. Louis	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4238 BLAIR AV.		d. STREET ADDRESS (If rural, give location) 4238 BLAIR AV.	

3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) Rohrbach c. (Last) Rohrbach			4. DATE OF DEATH (Month) (Day) (Year) DEC-18-49		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY-16-1880		9. AGE (In years last birthday) 69 If under 1 year: Months _____ Days _____ If under 6 mos.: Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FLORIST		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) GERMANY	
13a. FATHER'S NAME HENRY ROHRBACH		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND Annice Rohrbach	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Annice Rohrbach 4238 Blair Av	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma (Esophagus)		INTERVAL BETWEEN ONSET AND DEATH 1 year
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Gangrene of left foot		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) Hla MO	
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? 150X	

22. I hereby certify that I attended the deceased from **Nov. 4**, 1949, to **Dec. 18**, 1949, that I last saw the deceased alive on **Dec. 14**, 1949, and that death occurred at **7:45 A.** m., from the causes and on the date stated above.

23a. SIGNATURE Core C. Ottenbach, M.D. (Degree or title)		23b. ADDRESS 1509 Bremen Av.		23c. DATE SIGNED Dec. 19. 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE DEC-20-49		24c. NAME OF CEMETERY OR CREMATORY MISSOURI CREMATORY	
DATE REC'D BY LOCAL REG. DEC 19 1949		REGISTRAR'S SIGNATURE J. B. Lasater		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.	
		25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schmur		ADDRESS 3125 Lafayette av.	

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.

Student _____

Student Embalmer

Signed _____

Joe Bollmer

Licensed Embalmer No. *4114*

P. O. Address *3125 Lafayette 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.