

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

14655

3562

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY 5800-Arsenal-St.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo		c. LENGTH OF STAY (If this place) 12-30-51		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		2139			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Infirmary				STREET ADDRESS (If rural, give location) 5800 Arsenal St.					
3. NAME OF DECEASED a. (First) Louis (Type or Print)			b. (Middle) A.		c. (Last) Rohm		4. DATE OF DEATH (Month) (Day) (Year) April 11 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH 9-10-1859	9. AGE (In years last birthday) 91	IF MARRIED: YEARS Months Days	IF MARRIED: HRS. Hours Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Davenport, Iowa		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Christopher Rohm		13b. MOTHER'S MAIDEN NAME Lizzie??		14. NAME OF HUSBAND OR WIFE Lottie Stewart					
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 City Infirmary Records 5800 Arsenal St.					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1947 Plus. 1947 Plus.	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H200					
22. I hereby certify that I attended the deceased from Dec. 30, 1947 , to April 11, 1951 , that I last saw the deceased alive on April 11, 1951 , and that death occurred at 7:10 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Robert Romaine Dandrea M.D.				23b. ADDRESS 5800 Arsenal St.		23c. DATE SIGNED 4-11-51			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 4-17-51		24c. NAME OF CEMETERY OR CREMATORY CITY CREMATORY		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. APR 16 1951		REGISTRAR'S SIGNATURE J. B. Lanter		5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Ryan - 5800 Arsenal					

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

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.