

FILED FEB 2 1952

1952

STANDARD CERTIFICATE OF DEATH

State File No. 3254

BIRTH NO. 10975

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 0609

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

1. PLACE OF DEATH a. COUNTY			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) 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		2029
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Louis Maternity			d. STREET ADDRESS (If rural, give location) 4852 Hamburg Avenue		
3. NAME OF DECEASED (Type or Print), a. (First) Jan b. (Middle) Marie c. (Last) Rohrbacker			4. DATE OF DEATH (Month) (Day) (Year) January 18 52		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NO	8. DATE OF BIRTH Jan 18 1952	9. AGE (In years last birthday) 10	10. UNDER 1 YEAR Months 15
10a. USUAL OCCUPATION (Of his kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY NO	11. BIRTHPLACE (State or foreign country) St Louis Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Albert Rohrbacker Jr		13b. MOTHER'S MAIDEN NAME Joan Claire Hennessy	14. NAME OF HUSBAND OR WIFE		
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 John & Joan Rohrbacker ADDRESS St Louis, Mo		
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 4852 Hamburg Ave I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid Hemorrhage ANTECEDENT CAUSES DUE TO (b) Bilateral atelectasis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Prematurity - (26 wks) Mother - Diabetic			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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)		7605	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 1-18-1952, to 1-18-52, 19, that I last saw the deceased alive on 1-18-1952, and that death occurred at 1:50 P.M., from the causes and on the date stated above.					
23a. SIGNATURE (Signature) M.D.		23b. ADDRESS 640 S. Kingshighway Blvd	23c. DATE SIGNED 1/19/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1/21/51	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	24d. LOCATION (City, town, or county) St Louis County Mo (State)		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE (Signature) J L Ziegenhein		25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons		ADDRESS 7027 Gravois	

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.....  
Student Embalmer

Signed W. G. Peterson

Licensed Embalmer No. 3267

P. O. Address 7027 Arroyo

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.