

FILED OCT 3-1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29418

BIRTH NO. _____		REG. DIST. NO. 116	PRIMARY REG. DIST. NO. 3020	Registrar's No. 167
1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin		
b. CITY (If outside corporate limits, write RURAL and give township) Washington		c. LENGTH OF STAY (In this place) 6 weeks	c. CITY OR TOWN Washington	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 212 West Main St.		e. STREET ADDRESS (If rural, give location) 212 West Main St. 0360		
3. NAME OF DECEASED a. (First) Herbert		b. (Middle) Reinhold	c. (Last) Rohe	4. DATE OF DEATH (Month) (Day) (Year) Sept. 25, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 15, 1904	9. AGE (In years last birthday) 51
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building Construction	11. BIRTHPLACE (City and State or Foreign Country) Dutzow, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Henry Rohe		13b. MOTHER'S MAIDEN NAME Rose Dieckhaus	14. NAME OF HUSBAND OR WIFE Olivia Rohe	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-26-0941	17. INFORMANT'S SIGNATURE OR NAME Olivia Rohe	
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) <i>Acute cardiac decompensation</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>acute coronary infarct</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201		INTERVAL BETWEEN ONSET AND 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)		
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 <i>Sept 7, 1955</i> to <i>Sept 25, 1955</i> that I last saw the deceased alive on <i>Sept 24, 1955</i> and that death occurred at <i>4:00</i> m., from the causes and on the date stated above.				
23a. SIGNATURE <i>D. P. ...</i>		23b. ADDRESS 4216 Cedar St Washington Mo		23c. DATE SIGNED 9/24/55
24a. BURIAL	24b. DATE Sept. 28, 1955	24c. NAME OF CEMETERY OR CREMATORY St. Vincents Cemetery	24d. LOCATION (City, town, or county) Dutzow, Missouri	
DATE REC'D BY LOCAL REG. 9/27/55	REGISTRAR'S SIGNATURE <i>R. B. ...</i>	FUNERAL DIRECTOR'S SIGNATURE <i>Almond E. ...</i>		ADDRESS Marthasville, Mo.

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

DEC 8 1958

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.....
Signature of Student Embalmer

Signed *Edmond H. Zuchterberg*

Licensed Embalmer No. 4318

P. O. Address Marthasville,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.