

FILED JAN 12 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **42995**BIRTH NO. **93281-55** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **3094**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY OR TOWN <b>Rock Hill</b>		c. CITY OR TOWN <b>Rock Hill 4631</b>	
c. LENGTH OF STAY (In this place) <b>2 m</b>		d. STREET ADDRESS (If rural, give location) <b>619 County Hills Drive</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>619 County Hills Drive</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>E.</b> c. (Last) <b>Roehm</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12-13-55</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>Dec. 13, 1955</b>	
9. AGE (In years last birthday) <b>1</b> IF UNDER 1 YEAR Months <b>12</b> Days <b>13</b> IF UNDER 12 HRS. Hours <b>12</b> Min. <b>55</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri, Rock Hill</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Ernst Michael Roehm</b>		13b. MOTHER'S MAIDEN NAME <b>Mildred Herzog</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. E. Roehm</b>		ADDRESS <b>619 County Hills, Rock Hill</b>	
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 INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute pulmonary ventilation</b>		<b>1 m</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Premature labor</b>		<b>5 hrs</b>	
DUE TO (c) <b>Rupture membranes</b>			
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 <b>7615</b>	
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			
22. I hereby certify that I attended the deceased from <b>12-13-55 10</b> to <b>12-13-55 10</b> ; that I last saw the deceased alive on <b>12-13-1955</b> , and that death occurred at <b>2:32 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>J. H. Giley M.D.</b> (Degree or title)		23b. ADDRESS <b>1416 Manchester Ave. St. Louis, Mo.</b>	
23c. DATE SIGNED <b>12/13/55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Anatomical</b>		24b. DATE <b>1-7-56</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical</b>		24d. LOCATION (City, town, or county) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>1-7-56</b>		REGISTRAR'S SIGNATURE <b>Robert B. Dombrowski</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>W. J. Manchester</b>		ADDRESS <b>414 Manchester Ave. St. Louis 10, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.