

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14822

State File No.

FILED MAY 8 1956

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 4025

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4025	
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, Mo.		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital				e. STREET ADDRESS (If rural, give location) 12 5041 Waterman Ave			
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) Ann c. (Last) Rohrig			4. DATE OF DEATH (Month) (Day) (Year) April 20 1956				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 26 1876		9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 4 Days 24	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) Barry, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas Orton		13b. MOTHER'S MAIDEN NAME Adeline Booth		14. NAME OF HUSBAND OR WIFE Dale Rohrig (deceased)			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Paul Ricker Kewanee, Ill.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalomalacia, left cerebral cortex Encephalomalacia, left cerebral cortex ANTECEDENT CAUSES DUE TO (b) thrombosis cerebral artery Thrombosis, cerebral artery DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Thrombosis, coronary artery Thrombosis coronary artery					INTERVAL BETWEEN ONSET AND DEATH Approx 10 days 332X	
19a. DATE OF OPERATION Mar. - 5 1952	19b. MAJOR FINDINGS OF OPERATION Terminal ileum regional ileitis terminal ileum					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) _____			
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 Mar 30-56 , to Apr 20, 1956 , that I last saw the deceased alive on April 20, 1956 , and that death occurred at 10:55 m., from the causes and on the date stated above 4-21-56							
23a. SIGNATURE Donald T. Behrens (Degree or title) M.D.				23b. ADDRESS St. Lukes Hosp. M.D. St. Lukes Hospital		23c. DATE SIGNED April 21, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE April 21, 1956	24c. NAME OF CEMETERY OR CREMATORY Local		24d. LOCATION (City, town, or county) (State) Barry, Ill.		
DATE REC'D BY LOCAL REG. APR 23 1956		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington Bl.			

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
Signature of Student Embalmer

Signed *Elton H. Remelius*

Licensed Embalmer No. *428*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.