URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH '59 046242

FILED VS JAN - 4 1960

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 3442 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood — Length of stay in 1b HRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Mehlville — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) Route 8 Box 1994B — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Kenneth Middle: W Last: Rhomberg
4. DATE OF DEATH Month: December Day: 23 Year: 1959
5. SEX male
6. COLOR OR RACE white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Sept 24, 1959
9. AGE (last birthday) IF UNDER 1 YEAR Months 3 Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -----
10b. KIND OF BUSINESS OR INDUSTRY -----
11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Edward Rhomberg
13b. MOTHER'S MAIDEN NAME Mary Dean
14. NAME OF HUSBAND OR WIFE -----
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Edward Rhomberg Address Rt 8 Box 1994B

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Dehydration	24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Diarrhea	48 hours
DUE TO (c)	Enteritis, etiology undetermined	48 hours

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9/24/59, to 12/23/59 and last saw her/him alive on 12/22/59
Death occurred at 1052 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Leo L Glacker MD (Degree or title)
22b. ADDRESS 9 Concord Center Drive
22c. DATE SIGNED 12/24/59

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE 12/24/1959
23c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cemetery
23d. LOCATION (City, town, or county) St. Louis, Mo. (State)

24. FUNERAL DIRECTOR John L Ziegenhein & Sons ADDRESS 7027 Gravois
25. DATE RECD. BY LOCAL REG. 12-24-59
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Donald Berry

Licensed Embalmer No. 4463

P. O Address St Louis Mo

Note· The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.