

STANDARD CERTIFICATE OF DEATH

State File No. _____

XC 1 218 760

Reg. # 100 58A
DIED MAR 22 1952

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 730

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MONITEAU	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN JEFFERSON BARRACKS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) TOWN CLARKSBURG	
c. LENGTH OF STAY (to this place) 10 days		d. STREET ADDRESS (If rural, give location) 0680	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.			

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) H.	c. (Last) ROHRBACH	4. DATE OF DEATH (Month) (Day) (Year) 3-18-52
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3-11-88	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) CALIFORNIA, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME FRED ROHRBACH	13b. MOTHER'S MAIDEN NAME CAROLINA YOSEA	14. NAME OF HUSBAND OR WIFE BARBARA ROHRBACH
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS VA HOSPITAL RECORDS, JEFF. BRKS, MO.
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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		INTERVAL BETWEEN ONSET AND DEATH 4 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCTION WITH HYPERTROPHY		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4 vol			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **3-8-52**, 19**52**, to **3-18-52**, 19**52**, and that death occurred at **7:30A** m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	23b. ADDRESS M.D. VA HOSPITAL, JEFF. BKS, MO.	23c. DATE SIGNED 3-18-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE MARCH 18-52	24c. NAME OF CEMETERY OR CREMATORY ALLEN CEMETERY	24d. LOCATION (City, town, or county) (State) CALIFORNIA, MISSOURI
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DATE REC'D BY LOCAL REG. 3-18-52	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS C. HOFFMEISTER U&L COMPANY, St. Louis, Mo
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *7714 So. Broadway*

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.