

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

38896

1. PLACE OF DEATH

County St. Louis
Township Central
City Richmond Heights (No. St. Marys Hospital)

Registration District No. 170
Primary Registration District No. 6248A

File No. _____
Registered No. 2356 Ward _____

2. FULL NAME

Edward C. Rohrbach

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)

Flat River Mo.
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Rohrbach

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 3 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Oct. 1931 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) California (STATE OR COUNTRY) Mo.

MOTHER 13. NAME Christian Rohrbach

14. BIRTHPLACE (CITY OR TOWN) Switzerland (STATE OR COUNTRY)

15. MAIDEN NAME Anna

16. BIRTHPLACE (CITY OR TOWN) Switzerland (STATE OR COUNTRY)

17. INFORMANT John Rohrbach (ADDRESS) Crown Point Ind.

18. BURIAL, CREMATION, OR REMOVAL PLACE California Mo. DATE Nov. 6, 1931

19. UNDERTAKER Alvin Hood (ADDRESS) Flat River Missouri

20. FILED 11/4 1931 C. F. Jensen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 30 1931 to Nov 3 1931

I last saw him alive on Nov. 3 1931. Death is said to have occurred on the date stated above, at 7 p. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

46 E Sarcoma liver 1930

Other contributory causes of importance: H. E.

Name of operation None Date of _____
What test confirmed diagnosis: physical. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) H. H. Helbing, M. D.
(Address) 4963 Pountain Ave

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 26 1931

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