

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

Do not use this space.

9657

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis Mo (No. 2311 - Hebert St)

File No.
Registered No. 2187
St. Ward

2. FULL NAME

George H. Rohlfsing

(a) Residence No. 2311 - Hebert St 20 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 8 - 1879

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>47</u>	<u>3</u>	<u>24</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Detective Sergeant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Christ Rohlfsing

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sora Kessle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Amelia Rohlfsing
(Address) 2311 Hebert St

15. FILED LR 5 1927 May 6 Starvo
19 19 REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 2 1927
17.

I HEREBY CERTIFY, That I attended deceased from Feb 20 1927 to April 2nd 1927 that I last saw him alive on March 2nd 1927 and that death occurred, on the date stated above, at 10:30 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pharyngeal Tuberculosis
2 1/2 yrs. (duration) yrs. mos. da. 10 da.

CONTRIBUTORY (SECONDARY) St
(duration) yrs. mos. da.

18. WHERE THIS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, Dont know

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS General Tests
(Signed) G. H. Wilson M. D.
Mar 3rd 1927 (Address) 2604 N. 14th St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peters DATE OF BURIAL Mar 5 1927

20. UNDERTAKER By Leidner Mnd Co ADDRESS 1417 N Market St

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.

DEPARTMENT RECORD

