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.

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

Do not use this space.

16580

1. PLACE OF DEATH

County St. Louis Mo — Registration District No. 791 — File No.

Township — Primary Registration District No. 1003 — Registered No. 4476

City — (No. Mo. Pacific Hosp. St. Ward)

2. FULL NAME William Frederick Rolf

(a) Residence. No. Dupo, Ill St., 17 Ward. Dupo, Ill.
(Usual place of abode) (If no resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 9 mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
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: Emma Rolf

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 5 - 1869

7. AGE: Years 58 — Months 2 — Days 7 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Stationary Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): Railroad
(c) Name of employer: Mo. Pac. Railway

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

PARENTS

10. NAME OF FATHER: Casper Rolf
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Dont know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Emma Rolf
(Address) 4432 Greer ave.

15. FILED MAY 13 1927 Max C Starkoff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 12 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept - 6 - 1926, to May 12, 1927 that I last saw him alive on May 12, 1927, and that death occurred, on the date stated above, at 12:40 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypernephroma (Left) Kidney
Post Operative Shock

51B (duration) — yrs. 4 mos. — ds.

CONTRIBUTORY (SECONDARY) 49 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

1 DID AN OPERATION PRECEDE DEATH? Yes. DATE OF May 12 1927

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Operative

(Signed) J. A. Lembeck, M. D.

, 19 (Address) 1755 S. Grand Blvd.

*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: New Pickers — DATE OF BURIAL: 5-17- 1927

20. UNDERTAKER: Hy Leidner Und Co — ADDRESS 1417 N. Market St