

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

Do not use this space.

14984

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003** File No.
 City **St. Louis** (No. **St. Louis Children's Hospital**) Registered No. **3896**
 St. Ward)

2. FULL NAME

Betty Rohlfing
 (a) Residence. No. **2805 Cass** 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 **Life** yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWER, OR DIVORCED HUSBAND OF (OR) WIFE OF L		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-23-26		
7. AGE	YEARS	MONTHS
	1	6
		15
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri		
PARENTS	10. NAME OF FATHER Wm. Rohlfing	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri	
	12. MAIDEN NAME OF MOTHER Chere Thompson	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Moberly (STATE OR COUNTRY) Missouri	

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **4-7 1928**

17. I HEREBY CERTIFY, That I attended deceased from **4-3**, 1928, to **4-7**, 1928, that I last saw her alive on **4-3**, 1928, and that death occurred, on the date stated above, at **2:35 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculous Meningitis

CONTRIBUTORY (SECONDARY) **32** (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED **Home**

IF NOT AT PLACE OF DEATH: **NO**

DID AN OPERATION PRECEDE DEATH? **NO** DATE OF

WAS THERE AN AUTOPSY? **NO**

WHAT TEST CONFIRMED DIAGNOSIS? **Phy Exam & Lab**

477 (Signed) **Russell Jones** M.D. , 19**28** (Address) **St. L. Children's Hsp.**

*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.

14. INFORMANT L. Ketting (Address) 5008 Kingshighway	19. PLACE OF BURIAL, CREMATION, OR REMOVAL Old Marcus Cemetery	DATE OF BURIAL Apr 9 1928
15. APR - 9 1928 FILED 19 M. C. Stankoff REGISTRAR	20. UNDERTAKER A. W. ... Laughlin	ADDRESS 1631 Main

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.

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

