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

Do not use this space.

File No. 43536
Registered No. 12857

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 10003
City St Louis (No. Deaconess Hospital St. ..... Ward)

2. FULL NAME Gustave Rohlt Rohlt

(a) Residence. No. Nevrscenna Mo St. ..... 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia Rohlt.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 30 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	6	29	

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

9. BIRTHPLACE (CITY OR TOWN) Gasconade Co
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Henry Rohlt.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany.
12. MAIDEN NAME OF MOTHER Christina Hinkelgs
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany.

14. INFORMANT Mrs T Boeing
(Address) 4835 McKentz

15. FILED DEC 29 1928 Henry Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-29-1928

17. I HEREBY CERTIFY, That I attended deceased from 12-21-, 1928, to 12-29-, 1928 that I last saw h. alive on 12-28-, 1928, and that death occurred, on the date stated above, at 2 10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Cholecystitis
" Bronchitis
127B
122B (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Paralytic Ileus
(duration) ..... yrs. ..... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED? .....
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? yes. DATE OF 12-24-28
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Cleveland P Shutt, M. D.
12.29, 1928 (Address) 305 Metropolitan Bldg

*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	DATE OF BURIAL
Hermann Mo	Dec 30 1928
20. UNDERTAKER	**ADDRESS**
Wm M. Schumacher	1844 N Jefferson

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