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

Do not use this space.

41457

File No. 12144

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis Mo. (No. Sanitarium St. Ward)

Registration District No. 701

Primary Registration District No. 1003

2. FULL NAME Frank H. Rocklage

(a) Residence. No. 2368 Plover Ave. Ward. 13
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 11 mos. 11 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 Emma Rocklage

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 17. 1867

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
63	11	10	

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

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

PARENTS

10. NAME OF FATHER H. W. Rocklage
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Anne E. Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

14. INFORMANT W. F. McNamee M.D.
(Address) 5400 Arsenal

15. FILED Dec 29 1930 Mary Lutkemeyer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-27-1930

17. I HEREBY CERTIFY, That I attended deceased from July 1st 1930 to Dec. 27th 1930, that I last saw him alive on Dec. 27th 1930 and that death occurred, on the date stated above, at 7:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

(duration) 9 yrs. 6 mos. 16 ds.

CONTRIBUTORY (SECONDARY) Pons Ruptured Gastric Ulcer (duration) 1 yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Medical

(Signed) William F. McNamee M.D.

12/27. 1930 (Address) 5400 Arsenal

*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
St. Peters Cemetery	Dec. 30, 1930
20. UNDERTAKER	**ADDRESS**
Drehmann Funeral	1905 Union

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.