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.

34261

File No. 9621

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St. Louis (No. City Hospital St. ..... Ward)

#11738

2. FULL NAME Fred Rolfe

(a) Residence, No. City Infirmary St. 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19-1870

7. AGE: YEARS 62 | MONTHS 5 | DAYS 23 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

FATHER

13. NAME Fred Rolfe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER

15. MAIDEN NAME Anna (unknown)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Hospital Information Grace Kapp City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Louis U DATE 10-27 1932

19. UNDERTAKER (ADDRESS) Walter Richter 3500 Rutger St

20. FILED OCT 31 1932 Max C. Barclay Registrar.

## 5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 12th 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10th 1932 to Oct. 12th 1932

I last saw him alive on Oct. 12th 1932. Death is said to have occurred on the date stated above, at 2.25 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic myocarditis | |
| Cause of Stricture unknown | |
| 34 | |
| 131 | |
| 930 | |

34

Other contributory causes of importance:
Chronic nephritis
Neurosyphilis
Accuracy retention from stricture

Name of operation None Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify.

(Signed) M. Macnish, M. D.

(Address) City Hospital