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

Do not use this space.

File No. 41447
Registered No. 10449

JAN 26 1934

1. PLACE OF DEATH
County
Township
City St. Louis, Mo. (No. 3616 Lawn St. Ward)

Registration District No. 781
Primary Registration District No.

2. FULL NAME Jr. William Rohlfing
(a) Residence, No. 3616 Lawn Avenue St., 14 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 77 yrs. X mos. 9 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 Mrs. Marie Rudiger Rohlfing

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 23, 1856

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
77	--	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Typographical Compositor
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) 1926
11. Total time (years) spent in this occupation 55 yrs.

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

FATHER
13. NAME John Rohlfing
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Marie Rohlfing
(ADDRESS) 3616 Lawn Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Paul Church DATE Dec. 5, 1933

19. UNDERTAKER Biedermann Funeral Home, Inc.
(ADDRESS) 1936 St. Louis Avenue

DEC 5 1933

20. FILED 19 J. F. Biedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

5

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1933, to Dec. 2, 1933
I last saw him alive on December 2, 1933 Death is said to have occurred on the date stated above, at 11:55 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypotensive Heart disease	
131	
93C	
95B	

Other contributory causes of importance: Eczema
Chronic Myocarditis
Hemiplegia (left)
Chronic Nephritis

Name of operation none Date of
What test confirmed diagnosis? none 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? No
If so, specify
(Signed) Nels J. Hardeman, M. D.
(Address) 333 Metropolitan Bldg

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Mr. T [illegible]

2:00 - 5:30 [illegible]

1167 Center Ave.