

APR 9 1935

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

Do not use this space.

10497

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **3428^a**) **Wash.** St. Ward)

File No. **2096**

Registered No.

2. FULL NAME

Frank J. Rolfe
(a) Residence, No. **3428^a Wash.** St. **16** 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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose Rolfe				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 7-1872				
7. AGE	YEARS 62	MONTHS 2	DAYS 14	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ins. Agent.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. not employed			
	10. Date deceased last worked at this occupation (month and year) St. Louis			
11. Total time (years) spent in this occupation				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis				
FATHER	13. NAME Henry Rolfe			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany			
MOTHER	15. MAIDEN NAME Abelaide Lodice			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany			
17. INFORMANT (ADDRESS) Irene Rolfe 3428^a Wash.				
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Paul DATE Mar. 4 1935				
19. UNDERTAKER (ADDRESS) Feltz Bros 3024 Lafayette				
20. FILED APR - 3 1935 19 J. F. Bredeck Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar 1 - 1935**22. I HEREBY CERTIFY, That I attended deceased from **Jan 15 35** to **Mar 1 35**I last saw him alive on **Feb 28 1935** Death is saidto have occurred on the date stated above, at **10** m.

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

Arterio-sclerosis Date of onset

Other contributory causes of importance:

Cerebral hemorrhage

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) **J. S. R. ...**, M. D.(Address) **3118 So. Grand**

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.

10000-11-24-33

Dr. F. B. Fernand
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