

SEP 10 1937

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

29450
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **Saint Louis** (d) Street No. **600 Fassen Street** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred **unyr. mos. wks.** (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

EDWARD ROLF
(a) Residence, No. **600 Fassen Street** St. **15**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF **Louise Rolf (Bollinger)**
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **February 14, 1872**

7. AGE YEARS **65** MONTHS **6** DAYS **13**
If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Monument Worker**
9. Industry or business in which work was done, as saw mill, bank, etc. **Coles Mon. Co.**
10. Date deceased last worked at this occupation (month and year) **Retired.** 11. Total time (years) spent in this occupation

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

13. NAME **Conrad Rolf**
14. BIRTHPLACE (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)

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

17. INFORMANT **Louise Rolf-Wife**
(ADDRESS) **600 Fassen St., St. Louis, Mo.**

18. BURIAL, CREMATION, OR REMOVAL **Cem.**
PLACE **New St. Marcus** DATE **Aug. 1937**

19. FUNERAL DIRECTOR **C. Hoffmeister U. & L.**
(ADDRESS) **7814 S. B'way, St. Louis, Mo.**

20. FILED **J. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 27, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **7-28-1937** to **8-27-1937**
I last saw him alive on **8-18-1937** Death is said to have occurred on the date stated above, at **9:30a.m.**

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

Chronic myocarditis
PJE
Date of onset

Name of operation Date of
What test confirmed diagnosis? 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 **1**

24. Was disease or injury in any way related to occupation of deceased?
If so, specify **Asp. met.** (Signed) **Asp. met.**, M. D.
(Address) **6006 VA. ave**

AUG 28 1937

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.

4809

1031

FORM 1 X12004

Dr. D. S. Pruett, M. D.
6006 Virginia Avenue

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Linus C. Hoffmeister
L. E., L. No. 3871 L. E. and Leo J. Budde, L. E., L. No. 3989
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Geo. W. Hoffmeister

Licensed Embalmer No. 2426

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)