REC'D DEC 12 1938

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

37434
Do not use this space.

1. PLACE OF DEATH

(a) County ..... 1 Registration District No. 791

(b) Township ..... 2 Primary Registration District No. 1003 Registered No. 9761

(c) City St. Louis (d) Street No. Barnes Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 415 Edna Rohlfing

(a) Residence, No. 2908 State St St. NR East St. Louis Ill
(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: Female
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: George Rohlfing

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 18, 1888

7. AGE: 50 YEARS | MONTHS: 0 | DAYS: 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as 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): De Sota Mo 0/3

FATHER
13. NAME: Henry Weiss
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chester Ill 1

MOTHER
15. MAIDEN NAME: Frances Fette
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo 0

17. INFORMANT (ADDRESS): Chas. Burke East St. Louis, Ill

18. BURIAL, CREMATION, OR REMOVAL
PLACE: De Soto Mo DATE: Nov. 12 1938

19. FUNERAL DIRECTOR (ADDRESS): Chas. Burke East St. Louis, Ill

20. FILED: NOV 10 1938 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1938, to Nov. 10, 1938
I last saw her alive on Nov. 9, 1938. Death is said to have occurred on the date stated above, at 4:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of bone marrow (MARROW)	1 yr
Multiple myeloma	
Primary seat bone marrow	

Other contributory causes of importance:
anemia
Bronchopneumonia

Name of operation: None Date of —
What test confirmed diagnosis? X ray 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) Wm B Kount M. D.
(Address) 600 S. Kingshighway

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Chas. M. Burke, Licensed Embalmer No. 2421

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Chas. M. Burke

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Chas. M. Burke

Licensed Embalmer No. 2421

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.)