REC'D MAR 13 1939

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

791
1003

4878
Do not use this space.

1. PLACE OF DEATH

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

(b) Township ..... Primary Registration District No. ..... Registered No. 1571

(c) City ..... (d) Street No. 6944 ALABAMA 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 ELIZABETH ROHLFING

(a) Residence, No. 6944 ALABAMA AV. St. 1
(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): WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): APR. 12 - 1870

7. AGE: YEARS 68 | MONTHS 10 | DAYS 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: HOUSEWIFE
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): ST LOUIS MO.

FATHER
13. NAME: UNKNOWN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN

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

17. INFORMANT (ADDRESS): Elizabeth Fox 6944 Alabama

18. BURIAL, CREMATION, OR REMOVAL
PLACE SUNSET BURIAL PRK DATE FEB 18 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): JOS. P. FENDLER JR 3128 MICHIGAN AV.

20. FILED ..... 19 ..... J. F. Bredeck Local Registrar.

FEB 17 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1939, to Feb 15, 1939
I last saw her alive on Feb 15, 1939. Death is said to have occurred on the date stated above, at 4 p
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	?

Other contributory causes of importance:
Arteriosclerosis

Name of operation ..... 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? No
If so, specify .....
(Signed) Roy C Whipps, M. D.
(Address) 7702 Ivory

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Jos. P. Fendler Jr.

Licensed Embalmer No. 9250

P. O. Address St. Louis.

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

If this body is not embalmed, above space should be left blank.