

1939 MAR 13 1939

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

5003
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003** Registered No. **1696**
(c) City **St. Louis,** or (d) Street No. **Firmin desloge 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 **Aloys Roling**

(a) Residence, No. **4624 Adkins Ave.** 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 (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Roling		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 28, 1899		
7. AGE	YEARS 39	MONTHS 9
	DAYS 22	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Baker	
	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 Herman Roling	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland	
MOTHER	15. MAIDEN NAME Gebina Hessling	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
17. INFORMANT Elizabeth Roling (ADDRESS) 4624 Adkins Ave.		
18. BURIAL, CREMATION, OR REMOVAL SS. Peter and Paul Cem. Feb. 23, 1939		
19. FUNERAL DIRECTOR (NAME) J. J. Brennan (ADDRESS) 2842 Meramec St.		
20. FILED FEB 22 1939 J. D. Budick Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2/21/** 19 **39**

22. I HEREBY CERTIFY, That I attended deceased from **Aug. 19**, 19 **38**, to **Feb. 21**, 19 **39**

I last saw him alive on **Feb. 20**, 19 **39** Death is said to have occurred on the date stated above, at **2:30 a.**

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

Hodokin's Disease , **Uncertain**

Date of onset

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? **Autopsy** Was there an autopsy? **Yes**

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) **Geo Brown** , M. D.
(Address)

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.

1 X16805

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 *Herman A. Gebken*

Licensed Embalmer No. *~~2842~~* 2120

P. O. Address 2842 Meramec St.

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

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