16 1939 REC'D MAR 9 1939

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

7886
Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis — Registration District No. 784

(b) Township or (c) City Carondelet / Jefferson Barracks — Primary Registration District No. 200 — Registered No. 273

(d) Street No. Vet Hosp. 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 Unkn. yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charley Rollins

(a) Residence, No. 3119a Pine Street, Saint St. Louis, Missouri.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Colored	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Cloteal Rollins (common-law)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 25, 1890

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
49	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. W. P. A. Worker

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) Little Rock, Arkansas.

FATHER

13. NAME Charles Rollins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -- Arkansas.

MOTHER

15. MAIDEN NAME Lizzie Garhe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -- Arkansas.

17. INFORMANT (ADDRESS) Clinical Clerk, VAF., Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson Bkrs DATE Feb 16th 1939

19. FUNERAL DIRECTOR (NAME) Jas. H. Randle & Son (ADDRESS) 3133 Bell Avenue

20. FILED FEB 16 1939 19 T. R. Meyer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 3, 1938, to February 12, 1939. I last saw him alive on February 12, 1939. Death is said to have occurred on the date stated above, at 7:30 P.m.

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

	Date of onset
Valvular Heart Disease, aortic insufficiency; severe (luetic).	Unkn.

34

Other contributory causes of importance:

Arteriosclerosis, mild.	Unkn.
Lues, tertiary.	Unkn.

Name of operation None Date of
What test confirmed diagnosis? Phy. clinical manif. and laboratory. 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) C. W. HUGHES, Chief Med. Officer, M. D.
(Address) VAF., Jefferson Barracks, Mo.

(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 S. J. Watson

Licensed Embalmer No. 269 P

P. O. Address 2769 Chronicle

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

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