REG'D JUL 12 1939

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

20200
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791

(b) Township 1 Primary Registration District No. 1003 Registered No. 5044

(c) City St. Louis, Mo. (d) Street No. 4312a S. Compton 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.

4/15

2. PRINT FULL NAME Mr. Henry Wm. Rohlfing

(a) Residence, No. 4312a S. Compton 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 Mrs. Pauline Merz Rohlfing

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24th, 1876

7. AGE: Years 62 | Months 10 | Days 10 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoeworker

9. Industry or business in which work was done, as saw mill, bank, etc. Shoe Mfrs.

10. Date deceased last worked at this occupation (month and year) Febr. 15, 1939

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri 0

FATHER

13. NAME Henry Rohlfing 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri 9

MOTHER

15. MAIDEN NAME Caroline Schwier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Pauline Rohlfing
(ADDRESS) 4312a S. Compton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Our Redeemer Cem. DATE June 5, 1939

19. FUNERAL DIRECTOR Beiderwieden F. H. Inc.
(ADDRESS) 1936 St. Louis Avenue

20. FILED JUN 5 1939 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from FEB. 24th, 1938, to JUNE 2nd, 1939

I last saw him alive on JUNE 2nd, 1939. Death is said to have occurred on the date stated above, at 3:00 A.M.

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

	Date of onset
CHRONIC INTERSTITIAL NEPHRITIS	15 YRS
Other contributory causes of importance: CHRONIC MYOCARDITIS	1½ YRS

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 —

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) G. M. Schweicker, M. D.

(Address) 2327 S. 12th St.

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-7-20-37 1 X12604

Dr. B. M. Schwei
2327 S. 12th.

12-2

STATEMENT BY LICENSED EMBALMER

I, Felix J. Krispin, Licensed Embalmer No. 3497

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Felix J. Krispin

Licensed Embalmer No. 3497

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.)