

REGD SEP 14 1939 791
Registration District No.

Primary Registration District No.

Registrar's No. 6902

1. PLACE OF DEATH:

1003

(a) County St. Louis
(b) City or town _____
(c) Name of hospital or institution: 2746a Ann Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Bernard Rolfes 112

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Josephine 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Oct. 12, 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	52	9	25	hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Letter Carrier (Retired)

11. Industry or business

12. Name J. B. Rolfes

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Gesina Kohnen

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Josephine Rolfes

(b) Address 2746a Ann Ave.

17. (a) Burial (b) Date thereof Aug. 10, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. N. Schubert & Co

(b) Address 2630 Gravois Ave.

19. (a) AUG 8 1939 (b) J. F. Buddeck
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 2746a Ann Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7th
year 1939 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 10, 1939 to Aug 7th, 1939
that I last saw him alive on Aug 7th, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Sudden

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature J. D. Michael (M. D. or other) 8/10/39
Address 506 Olive Date signed

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.....

Robert F. Gebken

....., Registered Apprentice No. **187**

working under my personal supervision.

Signed *Herman A. Gebken*

Licensed Embalmer No. **2120**

P. O. Address **2842 Meramec St.
St. Louis, Mo.**

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.)

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