

APR 6 1940
Registration District No. 784

Primary Registration District No. 200

Registrar's No. 600

1. PLACE OF DEATH:

(a) County. St. Louis County
(b) City or town. Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location) 3
(d) Length of stay: In hospital or institution Admitted 2/22/40.
(Specify whether
In this community unknown.
years, months or days)

3. (a) PRINT FULL NAME 920 Phillip Rollhaus, Jr.

3. (b) If veteran, name war World 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 Dorothy 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased APRIL 8, 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 11 5 hr. min.

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

10. Usual occupation Salesman,

11. Industry or business Free-Lance

12. Name Phillip Rollhaus, Sr., 9

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

14. Maiden name Sylvania

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

16. (a) Informant M. Schilling, Clinical Clerk,

(b) Address VAF, Jeff. Bkcs., Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH 28, 1940
(Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEMETERY

18. (a) Signature of funeral director C. Hoffmeister, N. & L. Co.

(b) Address 7814 S. Broadway

19. (a) MAR 27 1940 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1940 hour 5:40 minute _____ p.m.

21. I hereby certify that I attended the deceased from March 22, 19 40 to March 25, 19 40
that I last saw him im alive on March 25, 19 40,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic rheumatic heart disease with extreme enlargement of the heart; Due to mitral valve damage, myocardial damage; myocardial insufficiency and ventricular systoles.
Duration Unkn.

Other conditions none.
(Include pregnancy within 3 months of death)

Major findings: Of operations no operation. Of autopsy no autopsy.
PHYSICIAN [Signature]
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) NO.

(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? 707
While at work? [Signature] (Specify type of place) (State of injury)

23. Signature C. W. HUGHES, M.D., (M. D. or other) Chief Medical Officer
Address Vet. Adm. Pac., Jeff. Bkcs., Mo.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

96

JUL 8 1954

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 L. C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Duane Ave

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.