

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23704
6149

State File No.

Registrar's No.

791

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5459 Oriole Ave. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Henry W. Rolf Sr. 410

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Rosa (Buchka) Rolf 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased September 29, 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>9</u>	<u>24</u>	_____ hr. _____ min.

9. Birthplace St. Louis 0
(City, town, or county) (State or foreign country)

10. Usual occupation Wholesale Wall Paper

11. Industry or business _____

MOTHER FATHER { 12. Name Christ Rolf 6

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

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant John Rolf
(b) Address 5459 Oriole Ave.

17. (a) Burial (b) Date thereof July 24 '40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Promachery Und. Co.
(b) Address 4746 W. Florissant Ave.

19. (a) JUL 23 1940 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 7
(If outside city or town limits, write "RURAL")
(d) Street No. 5459 Oriole Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1940 hour 11 minute 50 a.m.

21. I hereby certify that I attended the deceased from Oct 28
1939 to July 22 1940
that I last saw him alive on July 21 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver 1 year
Duration _____

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations no Of autopsy no
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?
(Specify type of place) (e) Means of injury _____

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

23. Signature J. M. Macdonald (M. D. or other) _____

Address 539 N. Grand Date signed 7-25-40

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

W. D. J. H. Mac Donald
1. 1. 1902
1. 1. 1902

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 _____

Albert G. Happe

Licensed Embalmer No. *2971*

P. O. Address _____

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.

34-28-7