

FILED JAN 19 1943 318

Registration District No. Primary Registration District No. 1003

Registrar's No. 146

1. PLACE OF DEATH: St. Louis, Missouri

(a) County.....

(b) City or town.....

(c) Name of hospital or institution: City Sanitarium 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 29 yrs. 4 mos. 22 days.
Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 13
17 13
9-1-43

(a) State Missouri (b) County.....

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 2122 Geyer Ave. (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country..... 0

3. (a) PRINT FULL NAME LOUISE ROHLFING

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5
year 1943 hour 4:34 minute A. M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife single 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Sept. 22, 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-13-42 to 1-5-43
that I last saw her alive on 1-5-43 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	71	3	14 hr. min.

Immediate cause of death Terminal Pneumonia 1-4-43

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

xxx Cerebral Hemorrhage 1-4-43

Due to 93

10. Usual occupation Housework

Other conditions Chronic Heart Disease 9-1939
(Include pregnancy within 3 months of death)

11. Industry or business Ferdinand Chancers

MOTHER FATHER { 12. Name Unknown Germany 4

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

14. Maiden name Unknown Germany 4

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

Major findings: Myocarditis PHYSICIAN

Of operations.....

Of autopsy..... No

Underline the cause to which death should be charged statistically.

16. (a) Informant L. Hagen dr. (b) Address 5400 W. 1st St. St. Louis Mo.

17. (a) Burial (b) Date thereof 1-7-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

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?.....

18. (a) Signature of funeral director Beiderwieden Funl Home Inc. (b) Address 1936 St. Louis Ave

19. (a) JAN 7 1943 J. F. Bredeck (Date received local registrar) (Registrar's signature)

23. Signature Anthony K. Bundy (M. D. or other) Address 6300 W. 1st St. Date signed 1/5/43

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

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.....

Guilford

Licensed Embalmer No. *3727*

P. O. Address *1976 St. Louis*

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, fact should be so stated above.