No. 2
—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4711

FILED FEB 16 1943 818

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 1052

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:
508 Chestnut
(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)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County .....

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

(d) Street No. 508 Chestnut St.
(If farm, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Elizabeth M. Rollman

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Carl J. Rollman

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased June (Month) 29 (Day) 1868 (Year)

8. AGE: Years 74 Months 7 Days 1 If less than one day ..... hr. ..... min.

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

10. Usual occupation Home

11. Industry or business .....

FATHER
12. Name Martin C. Barthel
13. Birthplace ..... Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Kalbfleisch
15. Birthplace ..... Germany (City, town, or county) (State or foreign country)

16. (a) Informant Carl J. Rollman
(b) Address 508 Chestnut St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 2 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cem

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) FEB 2 1943 (Date received local registrar) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30 year 1943 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan. 31st 1941, 19..., to Jan 26th, 1943, that I last saw h.e alive on Jan. 26th, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Angina pectoris	6 yrs.
Due to: Arterio sclerosis	10 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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)

While at work? ..... (e) Means of injury .....

23. Signature L. M. Schmidt M.D. (M. D. or other)

Address 5182 Rosa Ave Date signed Feb 1st 1943

(Licensed Embalmer's Statement on Reverse Side)

Dr. Schuricht
5182 Ross Av.
9 to 11 A.M.

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 Robert M Sanford

Licensed Embalmer No. 2273

P. O. Address 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.