

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

FILED JUN 9 1943 318

Registration District No. _____ Primary Registration District No. 1003

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:
4550a Fair Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ 65 Years
years, months or days

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. 4550a Fair Ave.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME K. Frank Rohlfing

3. (b) If veteran, name war No 3. (c) Social Security No. 498-07-9935A

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

6. (b) Name of husband or wife Elizabeth Rohlfing 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased September 30, 1869.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>8</u>	<u>0</u>	hr. _____ min.

9. Birthplace Venedy Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired (Foreman-Machine Shop)

11. Industry or business Rope Co.

12. Name Christ Rohlfing
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Angeline Lehne
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Rohlfing

(b) Address 4550a Fair Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2, 1943.
(Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Fun. Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) JUN 1 1943 (Date received local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30th
 year 1943 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from _____, 1920, to May 30, 1943, that I last saw him alive on May 30, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death:
 1) Myocarditis
 2) Mitral insufficiency 2 yrs.
 3) Chronic interstitial nephritis 2 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none

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) (e) Means of injury _____
 23. Signature Walter C. S. Tischer (M. D. or other) Address 508 N. Grand Blvd. Date signed 5/31/43

Next Cert
2-4-6

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.....

John A. Mlinar Registered Apprentice No.
working under my personal supervision.

Signed *John A. Mlinar*

Licensed Embalmer No. *4186*

P. O. Address *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, fact should be so stated above.