

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 22487

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1570

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6402 Suburban Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 32 yrs
years, months or days)

3. (a) PRINT FULL NAME LYDIA AUGUSTA ROHLFING
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Henry G. Rohlfing
 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased 2 24 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>4</u>	<u>11</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Herman H. Winter
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Johanna Witte
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Henry Rohlfing
 (b) Address 6402 Suburban

17. (a) Burial (b) Date thereof 7-8-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Alexander J. Soss
 (b) Address 6175 Delmar Blvd

19. (a) JUL 9 1943 (b) E. D. McParson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Wellston
(If outside city or town limits, write "RURAL")
 (d) Street No. 6402 S. uburban
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
 year 1943 hour 11 minute 30 AM.

21. I hereby certify that I attended the deceased from Jan 2 1943 to July 5 1943;
 that I last saw him alive on June 13 1943;
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of ascending colon 1 1/2 years

Due to _____

Due to _____

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

Major findings: _____
 Of operations None
 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 Barrett J. Taussig (M. D. or other) MD
 Address 4500 Olive St. Date signed July 7

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

96
 0
 0

FILED JUL 10 1943

Dr. Barrett Tausig -
2:30 P.M.

Lucien Bldg

FEB 21 1940

SEP 13 1940

SEP 14 1940

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 Thomas R. Fenwick

Licensed Embalmer No. 3793

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.