

S. No. 2  
4-9-41  
5-17-37  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24901

State File No. \_\_\_\_\_

FILED AUG 7 1943

Registration District No. 119

Primary Registration District No. 4193

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Gasconade  
(b) City or town Hermann  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
West Ninth St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 17 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade  
(c) City or town Hermann  
(If outside city or town limits, write "RURAL")  
(d) Street No. W. Ninth St  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM LOUIS ROHLFING

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

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

6. (b) Name of husband or wife Caroline Rohlfing 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 13 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 1 21 hr. min.

9. Birthplace Senate Grove Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer (retired)

11. Industry or business \_\_\_\_\_

12. Name John L. Rohlfing  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Louise Suedmeyer

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

16. (a) Informant Arthur Rohlfing

(b) Address Berger Mo

17. (a) Burial (b) Date thereof 7-8-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Senate Grove M. E. Cemetery

18. (a) Signature of funeral director Hugo H. Blumer

(b) Address Hermann Mo

19. (a) July 7, 1943 (b) A. H. Sedler  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4  
year 1943 hour 9 minute 18 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Died without medical attention  
Death probably due to apoplexy

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 2

23. Signature A. H. Sedler, Coroner (M. D. or other) D. O.

Address Hermann, Mo. Date signed 7/6/43

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

Duration  
Physician  
Underline the cause to which death should be charged statistically.

**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.....

*Herbert Blumberg*

Licensed Embalmer No. **3160**

P. O. Address **Hermann, 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.**