DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 3 1944

Registration District No. 3

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 4450 /

Registrar's No. 242

1. PLACE OF DEATH:
(a) County: St. Louis County
(b) City or town: Lemay, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nazareth Convent-Forder Road
(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: Missouri (b) County: St. Louis
(c) City or town: Lemay
(If outside city or town limits, write "RURAL")
(d) Street No.: Nazareth Convent--Forder Road.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME: Sister Ludovica Anne Roloff
3. (b) If veteran, name war: ---------
3. (c) Social Security No.: none
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: September (Month) 8 (Day) 1864 (Year)
8. AGE: Years 79 Months 4 Days 18 If less than one day ..... hr. ..... min.
9. Birthplace: ..... (City, town, or county) Germany (State or foreign country)
10. Usual occupation: Teacher
11. Industry or business: Retired
FATHER
12. Name: Unknown Roloff
13. Birthplace: Unavailable (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Julia Taski
15. Birthplace: Unavailable (City, town, or county) (State or foreign country)
16. (a) Informant's own signature: Nazareth Convent
(b) Address: Forder Road, Lemay, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 1--28-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Nazareth Cemetery, Lemay, Mo.
18. (a) Signature of funeral director: C. Hoffmeister U. & L. Co.
(b) Address: 7814 South Broadway, St. Louis, Mo.
19. (a) JAN 31 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26 year 1944 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from April 16, 1942, to Jan 26, 1944, that I last saw her alive on Jan 25, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic endocarditis — Duration: 2

Due to: .....

Due to: .....

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

Major findings:
Of operations: .....
Of autopsy: Yes

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: Waldo H. Hill (M. D. or other)
Address: Lemay R 8 Mo Date signed: 1/28/44

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

(Licensed Embalmer's Statement on Reverse Side)

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 Linus C. Hoffmeister, Registered Apprentice No. ..... working under my personal supervision.

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.