V. S. No. 2
0M—8-43
ev. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13276

Registration District No. 18

Primary Registration District No. 1002

Registrar's No. 4147

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: Alexian Brothers 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0 0 0

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

(d) Street No. 4988 Schollmeyer
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME George Rohling

3. (b) If veteran, name war World War I

3. (c) Social Security No.

4. Sex Male

5. Color or race Wht.

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

6. (b) Name of husband or wife Hazel Rohling

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Feburary (Month) 4 (Day) 1896 (Year)

8. AGE: Years 48 Months 2 Days 29 If less than one day hr. min.

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

10. Usual occupation Costodian

11. Industry or business School Buildings

FATHER
12. Name Frank Rohling
13. Birthplace St. Louis, Mo (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Mary Nester
15. Birthplace St. Louis, Mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant Hazel, Rohling
(b) Address 4988 Schollmeyer

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/44 (Month) (Day) (Year)
(c) Place: burial or cremation Old S/S. Peter & Paul

18. (a) Signature of funeral director Wm. C. Mogdell
(b) Address 1926 Allen Ave.

19. (a) MAY 4 (Date received local registrar) 1944 J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1944 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from Mar 1-194 19 , to May 3 , 1944, that I last saw him alive on May - 3 , 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 hour
Due to Coronary Arteriosclerotic Heart Disease	4 years
Due to	
Other conditions Affirmative Acute (Include pregnancy within 3 months of death) Operated April -12- 1944	

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 — 0

23. Signature Thos. A. Wayland Jr. (M. D. or other)
Address 3115 So. Grand St. Louis Date signed 5-3-44

(Licensed Embalmer's Statement on Reverse Side)

MAY 17 1944

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 allen av

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.