

#35839

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36348

State File No.

FILED NOV 30 1944

318

1003

Registrar's No.

9836

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Louise Rolf

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Edward 6. (c) Age of husband or wife if alive 4 years
7. Birth date of deceased August 4 1871
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 13 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

12. Name Jacob Boulinger

13. Birthplace France
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs. Edward Ahearn

(b) Address 217 W. Stein

17. (a) Burial (b) Date thereof 11/21/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Cemetery

18. (a) Signature of funeral director J. P. Fendley Jr.

(b) Address 7128 Michigan Ave

19. (a) NOV 20 1944 (b) J. P. Fendley Jr.
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 217 W. Stein
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 17th
year 1944 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from 11/14/44
19... to Nov. 17th 19 44
that I last saw her alive on Nov. 17th 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death cardiac failure post op - mesenteric thrombosis with gen'd peritonitis
Due to and multiple lung emboli
Due to terminal generalized septicemia
Other conditions 12/6/44
(Include pregnancy within 3 months of death)

Major findings: Mesenteric Thrombosis
Of operations —
Of autopsy as above

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?

While at work? (Specify type of place) (e) Means of injury —

23. Signature F. R. Donn Jr. M.D. or other) —
Address 1515 Lafayette 11/28/44

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

STATEMENT BY LICENSED EMBALMER

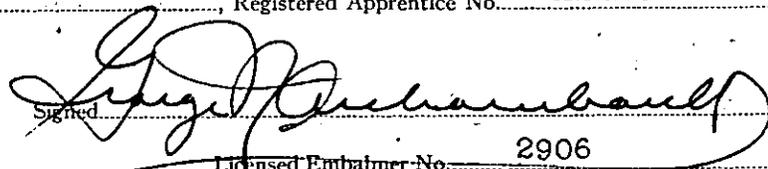
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

, Registered Apprentice No. **XXXXX**

working under my personal supervision.

Signed.....



Licensed Embalmer No. **2906**

P. O. Address **7128 Michigan Ave.**

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.