

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. \_\_\_\_\_  
Registrar's No. 188

FILED JAN 20 1945

Registration District No. 318

Primary Registration District No. \_\_\_\_\_

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

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:  
3710 Winnebago  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 52 years  
years, months or days

3. (a) PRINT FULL NAME Charles G. Rohlfing

3. (b) If veteran, name war World War 3. (c) Social Security No. 488-09-6568

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

6. (b) Name of husband or wife Mrs. Hilda Rohlfing 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased February 22, 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 10 13 hr. min.

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

10. Usual occupation Laborer

11. Industry or business Anheuser-Busch, Inc.

12. Name Henry Rohlfing

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

14. Maiden name Theresa Sommers

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

16. (a) Informant Mrs. Hilda Rohlfing

(b) Address 3710 Winnebago Avenue

17. (a) Burial (b) Date thereof Jan. 6, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Beiderwieden F.H., Inc.

(b) Address 1936 St. Louis Avenue,

19. (a) JAN 5 1945 J. F. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3710 Winnebago  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4  
year 1945 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 34 to Jan 1945  
that I last saw him alive on 12-10-44, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death acute coronary occlusion  
chronic nephritis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 930  
(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?

23. Signature Leath H. Houser (M. D. or other) M.D.  
Address 3651 Grand Spr Date signed 1/4/45

Duration  
1 day  
2 yrs  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Dr. Hauer  
3651 Brandel Sq.  
2-4 Sher.

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**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.....

Licensed Embalmer No. *2737*

P. O. Address *1936 N. Louis*

**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.**