S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22491

Registration District No. 818 Primary Registration District No. 100 Registrar's No. 6939

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: St. Luke's O
(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 Illinois (b) County St. Clair 999

(c) City or town East St. Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 2632 Market NR 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME A dolph H. Rohlfing

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Mattie

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased March (Month) 6 (Day) 1864 (Year)

8. AGE: Years 81 Months 4 Days 27 If less than one day hr. min.

9. Birthplace Desoto, (City, town, or county) Mo. O (State or foreign country)

10. Usual occupation Switchman

11. Industry or business Southern Railway

FATHER
12. Name UNKNOWN 9
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN 9
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant X Harry C. Rohlfing
(b) Address East St. Louis, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-3-45 (Month) (Day) (Year)
(c) Place: ~~burial or cremation~~ East St. Louis, Ill.

18. (a) Signature of funeral director [signature]
(b) Address East St. Louis, Ill.

19. (a) AUG 7 1945 (Date received local registrar) (b) J. F. Bradack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3 year 1945 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from 7-23, 19 to 8/3, 19; that I last saw him alive on 8/3, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Pulmonary Embolism

Due to 51

Other conditions Care of Prostate
(Include pregnancy within 3 months of death)

Major findings:
Of operations Cancer of Prostate

Of autopsy none

Duration

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 O

23. Signature Otto J. Wilhelm (M. D. or other)

Address 220 Univ. Clin Date signed 8/4

(Licensed Embalmer's Statement on Reverse Side)

6939

6939

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. 2162

P. O. Address East St Louis Ill

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.