

No. 2
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5-17-39
X 36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

32152

FILED SEP 24 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **7837**

Registration District No. _____ Primary Registration District No. **1003**

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:
712 Carrie Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None**
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

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. **712 Carrie Ave**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Harry F. Rohlfiing**

3. (b) If veteran, name war **None**

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **9**, year **1946** hour **9:00** A.M. minute _____ M.

21. I hereby certify that I attended the deceased from **July** 19**46** to **Sept. 7** 19**46**, that I last saw him alive on **Sept. 4** 19**46**, and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**

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

6. (b) Name of husband or wife **Charlotte C. Rohlfiing nee Schaefer** (c) Age of husband or wife if alive **54** years

7. Birth date of deceased **December 3, 1879**
(Month) (Day) (Year)

Due to **Cancer of Neck** **1yr +**

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

8. AGE:	Years	Months	Days	If less than one day
	66	9	6	hr. _____ min. _____

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

10. Usual occupation **Tractor driver**

11. Industry or business **St. Louis Screw Co.**

12. Name **Frédéric Rohlfiing**

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

14. Maiden name **Caroline Tieman**

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

16. (a) Informant **Mrs Charlotte K. Rohlfiing**

(b) Address **712 Carrie Ave**

17. (c) **Burial** (b) Date thereof **9/12/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Bethlehem Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**

(b) Address **2161 East Fair Ave**

19. (a) **SEP 10 1946** (b) _____
(Date received local registrar) (Registrar's signature)

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 **Jeffrey Lawrence** (M. D. or other) _____
Address **8263 Holly Ferry Rd** Date signed **9/10/46**

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

MOTHER FATHER

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 August W. Dittus
Licensed Embalmer No. 4329
P. O. Address St. Louis, Mo

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.