

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED 21 1946
318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35547**
Registrar's No. **8437**

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: **City Infirmary**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 yrs. 3 mo. 27 days**
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **ROLEN, ARIE**

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

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

6. (b) Name of husband or wife **Bessie M.** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: **March 24 1882**
(Month) (Day) (Year)

8. AGE: Years **64** Months **6** Days **27** If less than one day **9 hr. 40 min.**

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

10. Usual occupation **none**

11. Industry or business _____

12. Name **Francis Rolen**

13. Birthplace **Missouri**
(State or foreign country)

14. Maiden name **Ella Clark**

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

16. (a) Informant **City Infirmary Records**

(b) Address **5800 Arsenal**

17. (a) **Burial** (b) Date thereof **10-3-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **GREENWOOD CEMETERY**

18. (a) Signature of funeral director **C. W. ROBERTS**

(b) Address **1416 N. TAYLOR AVE.**

19. (a) **OCT 1 1946** (b) **J. F. Bradee**
(Date received local registry) (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. **City Sanitarium 5400 Arsenal**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September**, day **28**
year **1946** hour **9:40** minute **A. M.**

21. I hereby certify that I attended the deceased from **July 2, 1945**, 19____, to **September 28, 1946**,
that I last saw him alive on **September 28, 1946**, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** Duration **20 min.**

Due to **Generalized Arteriosclerosis** Unknown

Due to _____

Other conditions **94**
(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? _____

While at work? _____ (Specify type of place) Means of injury **0**

23. Signature **Palmer Duane Borker** (M. D. brother)

Address _____ Date signed _____

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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed

Fulton E. Culkin

Licensed Embalmer No.

4198

P. O. Address

St Louis 13, 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.