

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 8 1947

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

State File No. 25989
Registrar's No. 7140

Registration District No. 318 Primary Registration District No.

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town ST. LOUIS
(c) Name of hospital or institution: HOMER G. PHILLIPS HOSPITAL
(d) Length of stay: 10 DAYS
In this community years, months or days

3. (a) PRINT FULL NAME JACOB ROLLINS
3. (b) If veteran, name war. (c) Social Security No.

4. Sex MALE color COLORADO
5. Color or race
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Emma Rollins
6. (c) Age of husband or wife if alive years
7. Birth date of deceased FEB 4 1892

8. AGE: Years 55 Months 5 Days 24
If less than one day hr. min.

9. Birthplace ST. LOUIS MO
Usual occupation MERCHANT

11. Industry or business
12. Name CAIN ROLLINS
13. Birthplace ? ? ?
14. Maiden name SARAH
15. Birthplace ? ? ?

16. (a) Informant Emma Rollins
(b) Address 4521 COTTAGE
17. (a) Burial (b) Date thereof 8-1-47
(c) Place: burial or cremation Washburn Pt.
18. (a) Signature of funeral director J. J. Walton
(b) Address 2707 Stoddard St
19. (a) J. J. Walton (b) J. T. Bredeck

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County
(c) City or town ST. LOUIS
(d) Street No. 4521 COTTAGE
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 day 28 year 1947 hour 6 minute 45 a M.
21. I hereby certify that I attended the deceased from that I last saw h. alive on and that death occurred on the date and hour stated above.

Immediate cause of death: Shot Wound
Dysentery and food dysentery at the
front of 4521 Cottage Ave
July 18, 1947
Other conditions: Hemorrhage
Major findings: Of operations 166
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence July 18 1947
(c) Where did injury occur? Somewhere in
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) Catholic Church
(e) Means of injury 6 above
23. Signature Peter E. ... Date signed 7/21/47

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.....

Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address. 1154 Bayard av

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.