

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32239**

FILED OCT 8 1947
376

Registration District No. **376**

Primary Registration District No. **3059**

Registrar's No. **325**

1. PLACE OF DEATH:

(a) County... St. Francois

(b) City or town... Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Bonne Terre Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 3 days
(Specify whether years, months or days)

In this community... 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... St. Francois

(c) City or town... Farmington
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route #1
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME... William Charles Rohlander

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex... Male 5. Color or race... White

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

6. (b) Name of husband or wife... Edith Rohlander

6. (c) Age of husband or wife if alive... 50 years

7. Birth date of deceased... July 17 1894
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>53</u>	<u>1</u>	<u>27</u>hr.min.

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

10. Usual occupation... Farmer

11. Industry or business.....

12. Name... John Rohlander

13. Birthplace... Unknown
(City, town, or county) (State or foreign country)

14. Maiden name... Pauline Heineck

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

16. (a) Informant... Mrs. Edith Rohlander

(b) Address... Farmington, Mo.

17. (a) Burial (b) Date thereof... 9/17/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Farmington, Mo.
K-P cemetery

18. (a) Signature of funeral director... Miller Funeral Home

(b) Address... Farmington, Mo.

19. (a) 9-21-47 (b) Ether R. Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14
year 1947 hour 9:30 minute P M.

21. I hereby certify that I attended the deceased from 9-11
1947 to 9-14, 1947

that I last saw him alive on 9-14, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death... Cerebral Hemorrhage

Due to... Hypertension
Cardiovascular
Failure

Due to.....

Other conditions... (Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy... 9/16/47

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.....

23. Signature... F. Richard Connel M.D. or other MD
Address... Farmington, Mo. Date signed... 9-16-47

Duration... 4 days

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

RECEIVED

District Health Officer No. 4
District File Number 1047-1272
Date Filed 10-6-47

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 Paul Deyel

Licensed Embalmer No. 4126

P. O. Address Farmington 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.