

FILED JUL 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25669

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>1739</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jennings</u>		c. LENGTH OF STAY (in this place) <u>5 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ferguson</u>		<u>4111</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Elms Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>809 Rolwes Ave.</u>			
3. NAME OF DECEASED (Type or Print) <u>Josephine Rolwes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 16, 1950</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Mar. 29, 1857</u>	
9. AGE (In years last birthday) <u>93</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>17</u>		IF UNDER 24 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>----</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>Henry Schaper</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown Wilken</u>	
14. NAME OF HUSBAND OR WIFE <u>Henry Rowles</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Henry Rolwes Florissant, Mo.</u>				18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive + Arterio sclerotic Cardiovascular disease</u> DUE TO (c) <u>arterio sclerotic dementia</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Deaf, Blind OD</u>		INTERVAL BETWEEN ONSET AND DEATH <u>19 days</u> <u>5 yrs</u> <u>331X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec. 15, 1947</u> , to <u>July 16, 1950</u> , that I last saw the deceased alive on <u>July 13, 1950</u> , and that death occurred at <u>3:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Leves Wittmann MD</u>				23b. ADDRESS <u>8231 Clayton Rd (17)</u>		23c. DATE SIGNED <u>7/18/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/19/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Ferdinand Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Florissant, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-18-50</u>		REGISTRAR'S SIGNATURE <u>Herbert M. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home, Ferguson, Mo.</u>			

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed.....
Student Embalmer

Signed *L. M. White*

Licensed Embalmer No. *3973*

P. O. Address *Perquimans*

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.