

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13595

State File No.

No. 300
10-48

FILED DEC 29 1951

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>4465</u>		Registrar's No. <u>4069</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>Rock Hill</u>		c. LENGTH OF STAY (in this place) <u>18 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rock Hill, Mo</u>		TOWN <u>4681</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rock Hill, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>2426 Rockford Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>ROLF</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 22, 1951</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Jan. 16, 1879</u>	
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Morrison, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Jacob Grannemann</u>		13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Wattenmeyer</u>		14. NAME OF HUSBAND OR WIFE <u>Fred Rolf</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify branch) (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>Miss Rose M. Rolf</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardio-Renal-Vascular Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		442K	
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>May 31, 1951</u> , to <u>Dec. 22, 1951</u> , that I last saw the deceased alive on <u>Dec 22, 1951</u> , and that death occurred at <u>4:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Michael Gulick M.D.</u>				23b. ADDRESS <u>9012 Manchester Rd</u>		23c. DATE SIGNED <u>12-22-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Dec 26, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Xavier</u>		24d. LOCATION (City, town, or county) (State) <u>Washington, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-22-51</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Somke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert P. Somke</u>			
				ADDRESS <u>Washington, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Lester A. Vitt

Licensed Embalmer No. *3254*

P. O. Address *Washington, 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.