

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10502**
Registrar's No. **2989**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2835^e McNair Av.		d. STREET ADDRESS (If rural, give location) 24 2835^e McNair Av.	

3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) Christian c. (Last) Rohlfing			4. DATE OF DEATH (Month) (Day) (Year) Mar. 30 1952		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 29 1872	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cigar maker		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Germany 4	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Henry Rohlfing		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Theresa Rohlfing	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.		16. SOCIAL SECURITY NO. no.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Theresa Rohlfing 2835^e McNair Av.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Chronic Pancreatitis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Anasarca				INTERVAL BETWEEN ONSET AND DEATH 7 yrs 10 yrs 10 yrs 2 mos	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 442-X	

22. I hereby certify that I attended the deceased from **Oct 8, 1949**, to **March 30 1952**, that I last saw the deceased alive on **March 27, 1952** and that death occurred at **8:45 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. P. Keim M.D.		23b. ADDRESS 2730 McNair Ave		23c. DATE SIGNED March 26	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 2, 1952		24c. NAME OF CEMETERY OR CREMATORY Sunset Bur. Pk.	
24d. LOCATION (City, town, or county) (State) St. Louis Co.					

DATE REC'D BY LOCAL REG. MAR 31 1952		REGISTRAR'S SIGNATURE J. C. Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watt Bros & Co. 2929 S. Jefferson	
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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 *J. M. Davis*

Licensed Embalmer No. *3741*

P. O. Address *2929 24th Street*

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.