

FILED AUG 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30380

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7337

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|--|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY 2069 | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) 17 days | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthonys Hospital | | | 6. STREET ADDRESS (If rural, give location) 1711 Union Blvd. | | |

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|--|------------------------|---|--|--|------------------------------|--------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) Jean b. (Middle) --- c. (Last) Rolfingsmeyer | | | 4. DATE OF DEATH (Month) (Day) (Year) July 28 1953 | | | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single | 8. DATE OF BIRTH July 29 1950 | 9. AGE (In years last birthday) 2 | 10. UNDER 1 YEAR Months Days | 11. UNDER 18 Hrs. Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. | | 12. CITIZEN OF WHAT COUNTRY? 0 |

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|--|--|---|--|-----------------------------|--|
| 13a. FATHER'S NAME Duane Rolfingsmeyer | | 13b. MOTHER'S MAIDEN NAME Lucille Lewis | | 14. NAME OF HUSBAND OR WIFE | |
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|--|--|-------------------------|---|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Duane Rolfingsmeyer, 1711 Union | | |
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| 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) Encephalitis and meningitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malaria DUE TO (c) Left middle ear infection II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia | | | | INTERVAL BETWEEN ONSET AND DEATH 8 days ? ? 12 days |
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|--|--|--|--|--|--|
| 19a. DATE OF OPERATION 7/20/53 | 19b. MAJOR FINDINGS OF OPERATION Malaria, Increased interior and pressure | | | 20. AUTOPSY? YES <input checked="" 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) 392.2 | | 21d. (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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 July 11, 1953, to July 28, 1953, that I last saw the deceased alive on July 27, 1953, and that death occurred at 1 P. M., from the causes and on the date stated above.

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|---|-------------------|--|---|--------------------------|--|
| 23a. SIGNATURE (Degree or title) [Signature] | | 23b. ADDRESS 3209 So Grand | | 23c. DATE SIGNED 7/28/53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 7/30/53 | 24c. NAME OF CEMETERY OR CREMATORY New Bethlehem | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. | | |

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| DATE REC'D BY LOCAL REG. JUL 29 1953 | REGISTRAR'S SIGNATURE [Signature] | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral, 1905 Union Blvd. | | |
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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.....
Signature of Student Embalmer

Signed *Warren G. Carver*.....

Licensed Embalmer No. *35*.....

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.