

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33953

State File No. \_\_\_\_\_

FILED OCT 15 1953

9174

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>City of St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>OSAGE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST LOUIS, MO.</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>LINN</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2706 Virginia</u>				e. STREET ADDRESS (If rural, give location) <u>0760</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u>		b. (Middle) <u>ROHLFING</u>		c. (Last) <u>ROHLFING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 22 - 1953</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>1879</u> <u>JUNE 8 - 1911</u>	
9. AGE (years) (months) (days) <u>74</u>		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		11. BIRTHPLACE (City and State or Foreign Country) <u>Osage County</u>	
12. CITIZEN OF WHAT COUNTRY? <u>0</u>		13a. FATHER'S NAME <u>Genis</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>See - Chas. Rohlifing</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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Claud Moore - St. Louis</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>This does not mean mode of dying, such as suffocation, asphyxia, strangulation, or means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myeloid sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerosis gen</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Terminal</u> <u>3 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <u>2923</u>			
22. I hereby certify that I attended the deceased from _____, 1951, to <u>Sept 22, 1953</u> , that I last saw the deceased alive on <u>Sept 22, 1953</u> , and that death occurred at <u>5:30</u> p. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harold K Roberts, M.D.</u>				23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>9-22-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 24/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Koenigs</u>		24d. LOCATION (City, town, or county) (State) <u>Belle Me. R.D.</u>	
DATE REC'D BY LOCAL REG. <u>SEP 23 1953</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clayton Lester Linn Mo</u>			

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

*see by death cert.*

2180

OCT 28 1953

OCT 23 1953

OCT 23 1953

OCT 18 1953

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... *Vernon M. Martin*

Licensed Embalmer No... *412*

P. O. Address... *Leim...*

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.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 33953

State of MO  
County of St. Louis ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. \_\_\_\_\_

On this 21 day of October, 1953, before me appears Elmer B. Rohlfsing

\_\_\_\_\_, who, upon \_\_\_\_\_ oath, states that the original record of <sup>birth</sup> death

for Anna Rohlfsing <sup>died</sup> ~~born~~ Sept. 22, 1953, in the State of

Missouri, and which was filed at Jefferson City on Oct, 15, 1953, should be corrected as follows:

Item No. 8 should read 1879

Instead of \_\_\_\_\_ 1878

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Elmer B. Rohlfsing Son Relationship. 6330 Juniata Present Address.

Subscribed and sworn to before me this 21 day of October, 1953.

My Commission expires Oct 30 - 1955 Joseph K. Murphy Notary Public.

