

WRITE PLAINLY—USING UNFADING BLACKINK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 29 1953

37542

State File No. ....

318

1003

Registrar's No. 9926

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>18 Days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		2079			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Baptist Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>4746 Rosalie St.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b>		b. (Middle) <b>F.</b>		c. (Last) <b>ROHLFING</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 16, 1953.</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>June 12th, 1894</b>			
9. AGE (In years last birthday) <b>59</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Inspection Supervisor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>U. S. Defense Corp.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>			
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Frank Rohlring</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Schatz</b>		14. NAME OF HUSBAND OR WIFE <b>Amanda D. Rohlring</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>World War # 1</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Amanda D. Rohlring</b>		ADDRESS <b>4746 Rosalie St.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Edema</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <b>Valvular insufficiency</b>		<b>12 days</b>			
				DUE TO (c) <b>Coronary thrombosis</b>		<b>16 days</b>			
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 <b>None</b>				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) _____ (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? <b>4201</b>					
22. I hereby certify that I attended the deceased from <b>Oct. 4, 1953</b> , to <b>Oct. 16, 1953</b> , that I last saw the deceased alive on <b>Oct 16, 1953</b> , and that death occurred at <b>2:30 P. m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Walter C. Kirschner M.D.</b>				(Degree or title) _____		23b. ADDRESS <b>5087 Grand Blvd. (S)</b>			
23c. DATE SIGNED <b>10/17/53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>10/19/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Friedens Cemetery</b>			
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>		DATE REC'D BY LOCAL REG. <b>OCT 19 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>CALVIN F. FEUTZ</b>			
ADDRESS <b>4828 Natural Bridge Blvd.</b>		FUNERAL HOME, INC. <b>St. Louis 15 Mo.</b>							

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph C. Linders

Licensed Embalmer No. 4225

P. O. Address St. Louis

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.