

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37544

State File No.

FILED OCT 29 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9901**

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. LENGTH OF STAY (in this place) _____
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: **4331 Duke St.**
e. STREET ADDRESS (If rural, give location) **4331 Duke St.**

3. NAME OF DECEASED (Type or Print) a. (First) **HERMAN** b. (Middle) **J.** c. (Last) **ROLF**
4. DATE OF DEATH (Month) (Day) (Year) **Oct. 15 1953**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Sep. 6, 1878** 9. AGE (In years, last birthday) **75** if UNDER 1 YEAR Months _____ if UNDER 2 HRS. Days _____ Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Clerk-Greyhound Paper Co.** 10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) **Dittmer, Mo.** 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **Fred Rolf** 13b. MOTHER'S MAIDEN NAME **Annie Fickem** 14. NAME OF HUSBAND OR WIFE **Josephine Rolf**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. **492-07-8748** 17. INFORMANT'S SIGNATURE OR NAME **Josephine Rolf** ADDRESS **4331 Duke St.**

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Myelogenous leukemia**
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. **Impairment of rt leg**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____ m. _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____ **2041**

22. I hereby certify that I attended the deceased from **6/5/53**, 19**53**, to **Oct 15**, 19**53**, that I last saw the deceased alive on **Oct 14**, 19**53**, and that death occurred at **3:40 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **W. J. Wagenschach M.D.** 23b. ADDRESS **4717 Morganford** 23c. DATE SIGNED **10/16/53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **Oct. 17, 1953** 24c. NAME OF CEMETERY OR CREMATORY **Sunset Burial Park** 24d. LOCATION (City, town, or county) (State) **St. Louis Co. Mo.**

DATE REC'D BY LOCAL REG. **OCT 16 1953** REGISTRAR'S SIGNATURE **J. Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Ariegshauser** ADDRESS **4228 S. Kingshighway Bl.**

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 *William B White*.....

Licensed Embalmer No. *4291*.....

P. O. Address *4228 S. King*.....

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.