

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37545

FILED NOV 6 - 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

State File No.

10165

Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. LENGTH OF STAY (In this place) 2 WKS		c. CITY OR TOWN Affton #820		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 Alexian Bros Hospital				e. STREET ADDRESS (If rural, give location) 8731 Brenda				
3. NAME OF DECEASED (Type or Print) Henry			a. (First)		b. (Middle) A		c. (Last) Rolfes	
4. DATE OF DEATH Oct. 25, 1953		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Dec 18, 1905		9. AGE (In years last birthday) 47		
5. SEX male		6. COLOR OR RACE white		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo			12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME August Rolfes		
13b. MOTHER'S MAIDEN NAME Geurmuehle			14. NAME OF HUSBAND OR WIFE Anna Rolfes			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Rolfes 8731 Brenda						
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Perforated Cecum with pelvic abscesses - DUE TO (c) pelvic abscesses - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hrs 13 days	
19a. DATE OF OPERATION 10/12/53		19b. MAJOR FINDINGS OF OPERATION Perforated Cecum & Pelvic abscess -					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE		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) (Min)		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 578X						
22. I hereby certify that I attended the deceased from 10/12/53, to 10/24/53, that I last saw the deceased alive on 10/24, 1953, and that death occurred at 8:25 p.m., from the causes and on the date stated above.								
23a. SIGNATURE William F. McNamee M.D.			23b. ADDRESS 1619 1/2 Gray MC		23c. DATE SIGNED 10/26/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/28/53		24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cem.		24d. LOCATION (City, town, or county) (State) St Louis Mo.		
DATE REC'D BY LOCAL REG. OCT 26 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L Ziegenhein & Sons 7027 Gravois				

(Licensed Embalmer's Statement on Reverse Side)

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 Ronald Benj, Student Embalmer No. 486 working under my personal supervision..

Student Ronald E Benj
Signature of Student Embalmer

Signed B.P. Kidwell
Licensed Embalmer No. 387
P. O. Address 7027 Grace

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.