

STANDARD CERTIFICATE OF DEATH

State File No. **10387**
 Registrar's No. **2311**

FILED MAR 19 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____ b. CITY OR TOWN St. Louis c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION FIRMIS Desloge Hosp.			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Polk c. CITY OR TOWN Rolla d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 602 W 12th			
3. NAME OF DECEASED a. (First) Rulof b. (Middle) T. c. (Last) Rolufs		4. DATE OF DEATH (Month) (Day) (Year) 3 12 1954				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 19, 1873	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 15 MIN. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chemical Eng.		10b. KIND OF BUSINESS OR INDUSTRY Chemical Co.		11. BIRTHPLACE (City and State or Foreign Country) DENMARK 4		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Grace Rolufs		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No Nil.		16. SOCIAL SECURITY NO. Nil.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dr. Lloyd Rolufs, 320 Frieda, Kirkwood		
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) Carcinoma of the Stomach ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 151X	
19a. DATE OF OPERATION 2/22		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Stomach & Metastasis			20. AUTOPSY? YES <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 151X		
22. I hereby certify that I attended the deceased from <u>2/19</u>, 19<u>54</u> to <u>3/12</u>, 19<u>54</u>, that I last saw the deceased alive on <u>3/11</u>, 19<u>54</u>, and that death occurred at <u>5:30 am</u> <u>3/12</u> m., from the causes and on the date stated above.						
23a. SIGNATURE J. Dubuque M.D.			23b. ADDRESS 1325 S. Grand		23c. DATE SIGNED 3/12/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-12-54		24c. NAME OF CEMETERY OR CREMATORY Local.		
24d. LOCATION (City, town, or county) (State) Herculaneum, Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.				

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

MAR 20

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 *W W Wilkinson*.....

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

P. O. Address *N. Lou*.....

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.