

FILED SEP 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH28099
State File No. 7383
Registrar's No.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. CITY OR TOWN St Louis	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 3311 Vista		e. STREET ADDRESS (If rural, give location) 3311 Vista	
3. NAME OF DECEASED (Type or Print) a. (First) BERNHARD b. (Middle) JOHN c. (Last) ROLVES		4. DATE OF DEATH (Month) (Day) (Year) Aug 23 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 6 1871
9. AGE (In years last birthday) 83		10. a. (First) b. (Middle) c. (Last)	11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman Burl		10b. KIND OF BUSINESS OR INDUSTRY Railroad	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Bernhard Rolves		13b. MOTHER'S MAIDEN NAME Caroline Meyer	14. NAME OF HUSBAND OR WIFE Sophia Schmucke Rolves
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 Sophia Rolves 3311 Vista
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Vascular Dis. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sanguine of extremity DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 442x	
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?			
22. I hereby certify that I attended the deceased from 8/54, 19, to 8/20, 1955, that I last saw the deceased alive on 8/20, 1955, and that death occurred at 9:15A. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) C. Rolves M.D.		23b. ADDRESS 1504 S Grand	
23c. DATE SIGNED 8-23-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 26 55	
24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul		24d. LOCATION (City, town, or county) (State) St Louis Mo	
DATE REC'D BY LOCAL REG. AUG 23 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D. (Licensed Embalmer's Statement on Reverse Side)	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E.J. Schnur 3125 Lafayette			

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 *Thomas R. Fenwick*.....

Licensed Embalmer No. *379*.....

P. O. Address *3125 Lafayette*.....

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.