

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34388

FILED SEP 23 1957

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2247

Health, Welfare & Public Service
 100
 156
 No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clayton</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Hermann</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis Co. Hosp.</u>			Length of stay in lb <u>2 days</u>	d. STREET ADDRESS (If outside, give location) <u>427 W. 9th Street</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Herman Rohlfling</u>				First	Middle	Last	4. DATE OF DEATH Month <u>9</u> Day <u>8</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Oct. 25, 1896</u>		9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk Produce Co.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Produce Co.</u>		11. BIRTHPLACE (City and state or country) <u>Berger, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Louis Rohlfling</u>				14. MOTHER'S MAIDEN NAME <u>Anna Humburg</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unk.</u>		17. INFORMANT Address <u>Alice Rohlfling, 427 W. 9th Street, Hermann</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a); (b); and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Asphyxiation. Both lungs in hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Fracture of multiple Rib. left</u> DUE TO (c) <u>8161</u>								INTERVAL BETWEEN ONSET AND DEATH <u>52 hrs</u> <u>52 hrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) - 26 <u>Rupture of spleen due to trauma. Splenectomy</u>								19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Driver of truck involved in auto collision.</u>							
20c. TIME OF INJURY Hour <u>8:23</u> Month <u>Sept.</u> Day <u>6</u> Year <u>57</u> a. m. p.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>street</u>		20f. CITY, TOWN, OR LOCATION <u>Hercul, St. Louis Co, Mo.</u>		COUNTY		STATE
21. I attended the deceased from <u>9-6-57</u> to <u>9-8-57</u> and last saw her alive on <u>9-8-57</u> . Death occurred at <u>8:23 p. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Type or print) <u>Richard H. King M.D.</u>				22b. ADDRESS <u>6015 Brentwood</u>		22c. DATE SIGNED <u>9-9-57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>9-9-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hermann Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Hermann, Missouri</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Blumer Funeral Home, Hermann, Missouri</u>			25. DATE RECD. BY LOCAL REG. <u>9-10-57</u>		26. REGISTRAR'S SIGNATURE <u>Herbert A. Donohed</u>			

DEC 18 1957

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 *Elmer R. Caldwell*

Licensed Embalmer No. *40*

P. O. Address *So. Lane*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.