

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007585
STATE FILE NUMBER

2,1879
Registration No.

FILED MAR 10 1959 Registration District No. Primary Registration District No.

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, give TOWNSHIP only) OR TOWN ST Louis MO		c. CITY OR TOWN ST Louis MO	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CARDINAL SHEENON		d. STREET ADDRESS 3626 DUMMICK	

3. NAME OF DECEASED (Type or print) ROBERT			4. DATE OF DEATH FEB 20 1959		
5. SEX MALE			6. COLOR OR RACE WHITE		
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>			8. DATE OF BIRTH DEC 22 1958		
9. AGE (In years last birthday) 1			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		
11. BIRTHPLACE (City and state or country) ST Louis MO			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME ROBERT J. ROHLFING			14. MOTHER'S MAIDEN NAME BETTY WATERS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO. -		
17. INFORMANT MR ROBERT J. ROHLFING			Address 3626 DUMMICK		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EDEMA -		INTERVAL BETWEEN ONSET AND DEATH 30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b) Tetralogy of Fallot		2 MO.
DUE TO (c) Congenital cyanotic heart disease		2 MO.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 754.0		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input 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.)
20c. TIME OF INJURY			
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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from FEB 1, 1959 to FEB 20, 1959 and last saw her alive on FEB 20, 1959	
Death occurred at 6:10 p m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE C. Rellius Haulen MD	22b. ADDRESS 1325 S. GRAND BLDG
22c. DATE SIGNED 2/20/59	

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE FEB 23 1959	23c. NAME OF CEMETERY OR CREMATORY RUSURREPTION	23d. LOCATION (City, town, or county) (State) ST Louis County MO
24. FUNERAL DIRECTOR Joseph A. Howard 1695 Grand Bl		25. DATE RECD. BY LOCAL REG. FEB 22 '59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Cause of death must be causally related. Coroner cannot certify to a death due to natural causes.

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by *not embalmed*, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Joseph A Howard*

Licensed Embalmer No. *41*.....

P. O. Address

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.