RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 24 1959

59-030743

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 7234

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 6 wks.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Louis Chronic Hosp.
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3440a Eads
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First SYLVANIA Middle Last ROLLHAUS
4. DATE OF DEATH: Month August Day 4, Year 1959
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Oct. 16, 1871
9. AGE (last birthday): 87
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (City and state or country): Alton, Illinois
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: not known
13b. MOTHER'S MAIDEN NAME: not known
14. NAME OF HUSBAND OR WIFE: Phillip Rollhaus
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Marjorie Newlin Address: 3440a Eads Ave. St. Louis

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Fracture of right Hip
DUE TO (b) Generalized Arterio sclerosis
DUE TO (c)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Suffered in fall in Home
20c. TIME OF INJURY Hour a.m. p.m. 4 6 9 Month, Day, Year Hallway Door about April 6 1959
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
20f. CITY, TOWN, OR LOCATION: St Louis COUNTY: Mo STATE:
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 2:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Patrick E. Taylor Coroner
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 8. 4. 59.
23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: Aug. 7, 1959
23c. NAME OF CEMETERY OR CREMATORY: Laurel Hill Gardens
23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri
24. FUNERAL DIRECTOR: M.J. Croghan, 7146 Manchester ADDRESS: St. Louis
25. DATE RECD. BY LOCAL REG.: AUG 4 59
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed V E Morris

Licensed Embalmer No. 336

P. O. Address St Louis

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