

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-035434

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2493 STATE FILE NUMBER

1. PLACE OF DEATH  
 a. COUNTY St. Louis  
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Manchester Length of stay in lb 1 mo.  
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Manchester Nursing Home Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo. b. COUNTY \_\_\_\_\_  
 c. CITY OR TOWN St. Louis Inside Limits Yes  No   
 d. STREET ADDRESS (if outside, give location) 3966 Fillmore Ave. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
Henry John Rolf  
 4. DATE OF DEATH Month Day Year  
Sept. 3, 1961  
 5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married   
 Widowed  Divorced  8. DATE OF BIRTH 15/1872 9. AGE (last birthday) 89  
 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) Bank Guard 10b. KIND OF BUSINESS OR INDUSTRY Merc. Commerce Bank 11. BIRTHPLACE (city and state or country) Prakow, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.  
 13a. FATHER'S NAME Fred Rolf 13b. MOTHER'S MAIDEN NAME Louise Holthaus 14. NAME OF HUSBAND OR WIFE Elizabeth J. Rolf

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. Unknown 17. INFORMANT Elizabeth J. Rolf Address 3966 Fillmore Ave., St. Louis 16, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) CARDIO-VASCULAR-RENAL DISEASE  
 DUE TO (b) SENILITY  
 DUE TO (c) 442x  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) NONE  
 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.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from JULY 31, 1961 to SEPT 3, 1961 and last saw him alive on SEPT 3, 1961  
 Death occurred at 2:50 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) BR. Loving, M.D. 22b. ADDRESS BALLWIN, Mo. 22c. DATE SIGNED 9-5-61

23. BURIAL, CREMATION, or REMOVAL (Specify) Sept 6, 1961 23b. DATE St. Francis Cemetery Washington, Missouri 23c. NAME OF CEMETERY OR CREMATORY Washington, Missouri 23d. LOCATION (City, town, or county) (State)  
 FUNERAL DIRECTOR Frederick & Co., Washington, Mo. ADDRESS St. A. St. 25. DATE RECD. BY LOCAL REG. 9-5-61 26. REGISTRAR'S SIGNATURE James B. [Signature]

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED  
 ITEM NO. SHOULD READ  
 BY AFFIDAVIT OF  
 MEDICAL CERTIFICATION  
 DOCUMENT  
 INSTEAD 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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Lester A. Witt*

Licensed Embalmer No. 3254

P. O. Address Washington

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.