

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

1588 -62-008645  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1588

LED FEB 16 1962 318

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF DOCUMENT

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, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b unk  
c. CITY OR TOWN St. Louis Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6211 Random Avenue Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 528 Baden Avenue Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last SOPHIA KATHERINE ROLFINGSMEYER  
4. DATE OF DEATH Month Day Year Feb. 3, 1962

5. SEX female 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced   
8. DATE OF BIRTH 6/10/1896 9. AGE (last birthday) 65 IF UNDER 1 YEAR IF UNDER 24 HR  
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) Breese, Illinois 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Henry Dorries 13b. MOTHER'S MAIDEN NAME Louise Kaufman 14. NAME OF HUSBAND OR WIFE William F. Rolfingsmeyer

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 Address Wm.F.Rolfingsmeyer, 528 Baden Avenue

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Lobar Pneumonia  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Metastatic Carcinoma  
DUE TO (c) 199.2  
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.)  
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

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 Jan 29, 1962 to Feb 7, 1962 and last saw her alive on Feb 3, 1962  
Death occurred at 7:45 a.m., Feb 4, 1962 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. C.N. Schaffer D.O. - LIC. #7548 STATE OF MISSOURI  
22b. ADDRESS 6402A MORGANFORD RD. AT HOLLY HILLS MISSOURI  
22c. DATE SIGNED Feb 2-6-62  
23a. BURIAL, CREMATION, REMOVAL (Specify) removal 23b. DATE 2/7/62  
23c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery St. Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.  
25. DATE RECD. BY LOCAL REG. FEB 7 1962  
26. REGISTRAR'S SIGNATURE Rod Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Charles N. Schafer, DO  
6402 Morganford Rd.  
FL3 -6324  
1-4 pm 1960

**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 Homer W. Fritz

Licensed Embalmer No. 3882

P. O. Address St. Louis

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.