

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

7599

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **100B3**

City **St. Louis** (No. **City Hospital**)

File No.

Registered No. **1555**

St.

Ward)

2. FULL NAME

(a) Residence, No. **7814** **Trory** St.,

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **50** yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Rohlfing		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24 - 1863		
7. AGE	YEARS	MONTHS
	69	19
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
	13. NAME Hy. Rohlfing
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
	15. MAIDEN NAME Louisa Junker
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
	17. INFORMANT (ADDRESS) Hospital Department City Hospital
18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Park DATE Feb. 15 19 33	
19. UNDERTAKER (ADDRESS) J. O. Fuchs, Jr. 7128 Michigan Ave.	
20. FILED FEB 14 1933 Max Standert Registrar.	

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 12th** 19**33**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 11th** 19**33**, to **Feb. 12th** 19**33**
I last saw him alive on **Feb. 12th** 19**33**. Death is said to have occurred on the date stated above, at **7:20 AM**
The principal cause of death and related causes of importance were as follows:
Carcinoma of penis with metastases to regional lymph glands
Date of onset **51** & **55**
Other contributory causes of importance: **Myocarditis**

Name of operation **amputation of penis & dissection of glands** Date of **1-19-33**
What test confirmed diagnosis? **clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify **Mr. Macnish** (Signed), M. D.
(Address) **City Hospital**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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