

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.

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

Do not use this space.

JAN 8 1935

45287

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1002
City St. Louis (No. 5402 Blou St.)

File No. 28
Registered No.
St. Ward

2. FULL NAME

Henry W. Rolfe
(a) Residence, No. 5402 Blou St. St. 2 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Katherine</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 11 - 1873</u>		
7. AGE	YEARS	MONTHS
	<u>61</u>	<u>3</u>
		DAYS
		<u>18</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Butcher 955</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>77</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>10</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>		
MOTHER FATHER	13. NAME <u>Hy. Rolfe</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Katherine Rolfe</u> (ADDRESS) <u>5402 Blou St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New St. Marcus</u> DATE <u>Jan. 2</u> 19 <u>35</u>		
19. UNDERTAKER <u>Waelder-Heldels U. S. Co</u> (ADDRESS) <u>2331 2nd Ave</u>		
20. FILED <u>Jan 8 1935</u> <u>J. F. Karcher</u> Registrar		

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-21, 1934, to 12-29, 1934
I last saw him alive on 12-29, 1934 Death is said to have occurred on the date stated above, at 7:05 a.m.
The principal cause of death and related causes of importance were as follows:

<u>Cardio-renal disease - E</u>	Date of onset
<u>Cardiac dilatation and hypertension</u>	<u>2 yrs.</u>
<u>Cerebral haemorrhage</u>	<u>8 days</u>

Other contributory causes of importance:
955-2

Name of operation Date of
What test confirmed diagnosis? 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? No
If so, specify
(Signed) R. B. Karn, M. D.
(Address) 3626 So. Broadway

