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.

SEP 25 1937

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

Do not use this space.

File No. 31830

Registered No. 316

1. PLACE OF DEATH

County: Saint Louis — Registration District No. 1123

Township: Carondelet — Primary Registration District No. 6248 B

City: Jefferson Barracks (No. / V. A. F. St. Ward)

2. FULL NAME Edgar H. J. Rohlfing

(a) Residence, No. 529 North 6th Street St., Ward. Saint Charles, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unkn. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	white	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Mrs. Lydia Rohlfing

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 7, 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	42	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Car Co.

10. Date deceased last worked at this occupation (month and year) 11-23-36 — 11. Total time (years) spent in this occupation 17 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Charles, Missouri.

FATHER

13. NAME Herman Rohlfing

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany.

MOTHER

15. MAIDEN NAME Juliana Meyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Charles, Missouri

17. INFORMANT Clinical Clerk M. Schilling
(ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Charles Mo Lutheran Cem DATE Aug 7 1937

19. UNDERTAKER Hackmann Baue
(ADDRESS) St. Charles Mo

20. FILED Aug 5 1937 Mrs Gladys Mowry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1937, to August 5, 1937

I last saw him alive on August 5, 1937 Death is said to have occurred on the date stated above, at 4:00Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignancy, carcinoma colon, site undetermined, with metastasis, intra-abdominal.	Unkn.

Other contributory causes of importance:
None

Name of operation None Date of
What test confirmed diagnosis? Phy. clinical man. and laboratory 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
(Signed) C. H. HUGHES, Chief Med. Off., M. D.
(Address) VAF Jefferson Barracks, Mo.