

FEB 12 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH491  
Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003**  
 (c) City **St. Louis** (d) Street No. **City Hospital No. 1** Registered No. **347**  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

c. 14069

## 2. PRINT FULL NAME

**Dorothy Marie Rollings 452**  
 (a) Residence, No. **222 Lami** St. **23** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX female	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>May 14, 1937</b>		
7. AGE 0	YEARS 7	MONTHS 26
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>St. Louis, Missouri</b>		
13. NAME <b>Louis L. Rollings</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Grafton, Illinois</b>		
15. MAIDEN NAME <b>Grace Conger</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Oran, Missouri</b>		
17. INFORMANT (ADDRESS) <b>Hosp. Info M. Kent</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>St. Matthews Cem. Jan. 11 1938</b>		
19. FUNERAL DIRECTOR (ADDRESS) <b>Weick Bros. 2201 So. Grand Blvd.</b>		
20. FILED <b>JAN 11 1938</b> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/9/38** 19..

22. I HEREBY CERTIFY, That I attended deceased from **12/26/37** 19... to **1/9/38** 19...  
 I last saw her alive on **1/9/38** 19... Death is said to have occurred on the date stated above, at **9.55 m. p**  
 The principal cause of death and related causes of importance were as follows:  
**Lobar pneumonia**  
**g H**  
 Other contributory causes of importance:  
**Congenital Syphilis**

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?  
 If so, specify **Richard P. Veltz** M. D.  
 (Signed)..... (Address) **City Hospital No. 1**

STATEMENT BY LICENSED EMBALMER

I, George C. Weick, Licensed Embalmer No. 2268

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*George C. Weick*

Licensed Embalmer No. 2268

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)