

REC'D AUG 11 1939

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

25114
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township Saint Joseph Primary Registration District No. 1001 Registered No. 786
(c) City Saint Joseph (d) Street No. 1109 South 19th Street St.
(e) Length of residence in city or town where death occurred 67 yrs. 8 mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Florence Rohloff

(a) Residence, No. 1109 South 19th Street St. (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF --- Alfred Rohloff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 28, 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 8 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) March 30, 1939
11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Allentown, Pennsylvania

13. NAME Charles Heilig

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

15. MAIDEN NAME Emma Frankfield

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Allentown, Pennsylvania

17. INFORMANT (ADDRESS) Alfred Rohloff, 1109 South 19th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland cemetery DATE July 31, 1939

19. FUNERAL DIRECTOR E. R. Sidenfaden Funeral Home (ADDRESS) 602 South 10th Street

20. FILED July 31, 1939 H. J. Westebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1939, to July 28, 1939
I last saw h. alive on July 27, 1939 Death is said to have occurred on the date stated above, at 12:30 A.M.
The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis & Cardiac Failure - July 1939
9567
Other contributory causes of importance: Cardiac Asthma 1938
Date of onset

Name of operation none Date of none
What test confirmed diagnosis? Phys. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury none, 19 none
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
Specify none
(Signed) F. H. Thompson, M. D.
(Address) 825 Charles St. Joseph, Mo.

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.

11
5
7

944878

STATEMENT BY LICENSED EMBALMER

I, Vernon Werst, Licensed Embalmer No. 3876
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.
No. and by Mollie Sidenfaden Registered Apprentice No. 145
working under my personal supervision.

Signed R. V. Werst
Licensed Embalmer No. 3876

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.)