

REGISTRATION DISTRICT NO. 791
1003

Primary Registration District No. _____

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.

1. PLACE OF DEATH:

(a) County 2
(b) City or town St. Louis
(c) Name of hospital or institution: 2001 Utah St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Mary Catherine Rolfes 412

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Joseph J. Rolfes 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 1, 1867
(Month) (Day) (Year)

8. AGE: 72 Years Months 1 Days 2 If less than one day hr. min.

9. Birthplace Gildehaus, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business 0

12. Name George Hormann 6

13. Birthplace Germany 1
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Hanneken

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Joseph J. Rolfes

X (b) Address 2001 Utah St.

17. (a) Burial (b) Date thereof Sept. 6, '39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem

18. (a) Signature of funeral director A. H. Suber

(b) Address 2630 Gravois Avenue.

19. (a) SEP 5 1939 (b) Registrar's signature J. J. B. [unclear]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")
(d) Street No. 2001 @ Utah Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3
year 1939 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept 12, 1939 to Sept 3, 1939
that I last saw her alive on 9/3, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis Duration 6 mo.

Due to [Signature]

Due to [Signature]

Other conditions enlarged thyroid glands
(Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature [Signature] (M. D. or other) _____
Address 2840 California Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Robert F. Gebken

, Registered Apprentice No. 187

working under my personal supervision.

Signed.....

Herman A. Gebken

Licensed Embalmer No. 2120

2842 Meramec Str

P. O. Address St. Louis, Mo.

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.)

If this body is not embalmed, above space should be left blank.