

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. _____

5257

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 Days
(Specify whether)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Lida Rollberg 416

3. (b) If veteran, name war _____ (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edward 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased June 14 1900
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>0</u>	<u>2</u>	hr. min.

9. Birthplace Bonneterre Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Joe Thornton

13. Birthplace _____ Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Tatum

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

16. (a) Informant Edward Rollberg

(b) Address 2819 N. 11th

17. (a) Burial (b) Date thereof June 18, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn

18. (a) Signature of funeral director Wacker - Heule v.t.c.

(b) Address 2331 So. Broadway

19. (a) JUN 17 1940 (b) F. Brudick
(Date local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 26
(If outside city or town limits, write "RURAL")

(d) Street No. 2819 N. 11th St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15,
 year 1940 hour 10:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 10, 1940, to June 15, 1940;
 that I last saw her alive on June 15, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary Embolism 7 days
in Lung infarct
 Due to Pneumatic Heart 20 years
Disease of Mitral Stenosis

Other conditions Epilepsy years
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy Same as above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(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? _____

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

23. Signature Walter Ford (M. D. or other) _____

Address 1515 Lafayette Date 6/17/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

Frank W. Ireland Jr.

Licensed Embalmer No.

2646

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.