

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **11 days**
(Specify whether
In this community **Life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **10**
(If outside city or town limits, write "RURAL")
(d) Street No. **2812 N. Spring Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **12th**
year **1940** hour **3:45 AM** minute _____ M.
21. I hereby certify that I attended the deceased from **7/1/40**
_____, 19____, to **7/12/40**, 19____;
that I last saw him alive on **7/12/40**, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death **Cardiac decom-**
ensation.

Duration
Uncertain
~~Uncertain~~
PHYSICIAN
Underline the cause to which death should be charged statistically.

Due to **Coronary disease**
Due to _____
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

8. (a) PRINT FULL NAME **Henry Rolves #12**
3. (c) Social Security No. **None**
8. (b) If veteran, name war _____

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

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

7. Birth date of deceased **May 2, 1872**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	2	10	hr. _____ min. _____

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business _____

12. Name **William Rolves**
13. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown Wilhhusen**
15. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Sophia Rolves**

(b) Address **5181 Vernon Ave.**

17. (a) **Burial** (b) Date thereof **7/15/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hiram Cemetery**

18. (a) Signature of funeral director **Wacker-Teiklerle**
(b) Address **2331 S. Broadway**

19. (a) **JUL 13 1940** (b) **J. F. Bredick**
(Date received local registrar) (Registrar's signature)

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 **Henry P. Oppenheimer** (M. D. or other) **MD**
Address **1325 SOUTH GRAND BLVD.** Date signed **7/12/40**

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 Robert C. White
Licensed Embalmer No. 2128
P. O. Address Shawmut

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.