. No. 2
-11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23500

AUG 25 1940

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 5945

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

1. PLACE OF DEATH:

(a) County 2

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5571 Chamberlain, Ave.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6

(c) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL") 5

(d) Street No. 5571 Chamberlain, Ave., (If rural, give location)

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

3. (a) PRINT FULL NAME William Edward Rolfe 1110

3. (b) If veteran, name war NONE

3. (c) Social Security No. 493-09-0483

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elsie Bradley Rolfe

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased January (Month) 1 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	6	14	hr. min.

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

10. Usual occupation L. Roy Bowen Co.

11. Industry or business

FATHER
12. Name John Osgood Rolfe 6
13. Birthplace Newburyport, Mass (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caroline Lecrow
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Wm. Douglas Rolfe

(b) Address 443 E. Argonne-Kirkwood

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

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director C.R. Lupton and Sons

(b) Address 7233 Delmar Blvd.

19. (a) JUL 15 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th year 1940 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 11, 1940, to July 15, 1940 that I last saw him alive on July 14, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Henry E. Westerman (M. D. or other) M.D.

Address 2136 E. Grand Blvd. Date signed 7/15/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Henry C. Peterman
2136 E. Grand
Ga. 5169
Hrs. 1-3

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 Bradford A. Miles

Licensed Embalmer No. 2901

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.