

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **9661**

**FILED DEC 11 1940**

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:  
**4631 Newport**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community **24 years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
 (c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **4631 Newport Ave.**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **HENRY T. ROLF**

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

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

6. (b) Name of husband or wife **Frieda** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **December 28, 1870**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>69</b>	<b>10</b>	<b>25</b>	_____ hr. _____ min.

9. Birthplace **Wisconsin**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Fireman**

11. Industry or business \_\_\_\_\_

12. Name **Ferdinand Rolf**

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

14. Maiden name **Ann Kurtzmayer**

15. Birthplace **Boston, Mass.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Fred Rolf**

(b) Address **4631 Newport**

17. (a) **Burial** (b) Date thereof **11/26/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Oscar J. Hoffmeister**

(b) Address **4016 Chippewa St.**

19. (a) **NOV 25 1940** (b) *J. H. [Signature]*  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **23**  
 year **1940** hour **7** minute **15** A. M.

21. I hereby certify that I attended the deceased from **Nov. 15** to **Nov. 23**, 19**40**  
(Date) (Date) (Year)  
 that I last saw him alive on **Nov 23** and that death occurred on the date and hour stated above.

Immediate cause of death **Brain Chystrumonia** Duration **5 days**

Due to **Primary**

Due to \_\_\_\_\_

Other conditions **Endocarditis, Chronic**  
(Include pregnancy within 3 months of death)  
**result of rheumatic fever**

Major findings: Of operations \_\_\_\_\_

Of autopsy **Q2A**

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 **Thomas C. Edwards** (M.D. or other) \_\_\_\_\_  
 Address **3148 S. Grand** Date signed **Nov 25 1940**

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

MOTHER FATHER

**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.....

*Ernest W. Spillers*

Licensed Embalmer No.....

*4080*

P. O. Address.....

**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, fact should be so stated above.**