

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12968**
3398

Registration District No. **791** Primary Registration District No. **1003** Registrar's No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(c) Name of hospital or institution: **Bethesda Hospital**
(If not in hospital or institution, write street number or location) **0**
(d) Length of stay: In hospital or institution **4 weeks**
In this community **Life**
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **WILLIAM C. ROHLFING**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

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 **July 15 1866**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 9 5 hr. min.

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

10. Usual occupation **Retired Druggist**

11. Industry or business _____
12. Name **Henry T. Rohlfing**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Margaret Windecker**
15. Birthplace **Pittsburgh Pennsylvania**
(City, town, or county) (State or foreign country)

16. (a) Informant **W. Busde**
(b) Address **4022 Magnolia Place**

17. (a) **Burial** (b) Date thereof **4/22/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Concordia Cemetery**

18. (a) Signature of funeral director **BEIDERWIEDEN F. HOME, INC**
(b) Address **1936 St. Louis Avenue**

19. (a) **APR 21 1941** (b) **J. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **100**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **1722**
(d) Street No. **1510 Market Street**
(If rural, give location) **1**
(e) If foreign born, how long in U. S. A. **U.S. Born** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **20**
year **1941** hour **6** minute **30** A.M.
21. I hereby certify that I attended the deceased from **March 30**
1941, to **April 20**, 1941.
that I last saw him alive on **April 19**, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Regurgitation**
Arterio-Sclerosis
Due to _____
Due to _____
Other conditions **Lobar Pneumonia**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
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?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **Arthur H. Rohlfing** (M. D. or other) **5**
Address **1722 Olive St** Date signed **4/20/41**

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

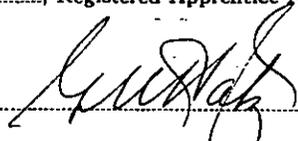
0
7
9

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.....

working under my personal supervision.

....., Registered Apprentice No.

Signed..... 

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Ave

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.