

DEC 31 1941
784

Registration District No. _____

Primary Registration District No. 200

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: R 9 Box 294
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Oakville
(If outside city or town limits, write "RURAL")

(d) Street No. R 9 Box 294
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Rolfes

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20th
year 1941 hour 2 minute _____ P.M.

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

6. (b) Name of husband or wife Hermann 6. (c) Age of husband or wife if alive 66 years

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

21. I hereby certify that I attended the deceased from Sept 1 1941 to Dec. 20 1941; that I last saw him alive on 2 P.M. 12/20 1941; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>-</u>	<u>13</u>	hr. _____ min.

Immediate cause of death Ac. Cardiac failure

Due to chronic cardio-vascular disease

Due to _____

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

10. Usual occupation At Home

Other conditions 93d
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name Otto Koers

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

14. Maiden name Unknown

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Hermann Rolfes

(b) Address Oakville, Missouri

17. (a) Burial (b) Date thereof Dec. 23, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

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

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

(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? _____

18. (a) Signature of funeral director J. H. Kubben Dir. & Und. Co.

(b) Address 2842 Meramec St.

19. (a) DEC 22 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

Signature [Signature] (M. D. or other) _____

Address 741 Levee Hwy Rd. Date signed 12/22

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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 Me

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

Signed Loren E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.
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, fact should be so stated above.