

FILED JUN 4 1944

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

4605

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:
En Route to City Hospital #1 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether

In this community..... years, months or days)

3. (a) PRINT FULL NAME..... Charles A. Rolfe

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widower
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... November 2 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 6 15 hr. min.

9. Birthplace..... Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation..... Baker

11. Industry or business..... Retired

MOTHER FATHER { 12. Name..... Carl Rolfe
13. Birthplace..... Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name..... Unknown
15. Birthplace..... Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant..... Leo Dalton

(b) Address..... 2054 Yale Ave Richmond Heights

17. (a) Burial (b) Date thereof..... May 20th 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... St. Peter and Paul Cemetery

18. (a) Signature of funeral director..... Pactz Brothers

(b) Address..... 3029 Lafayette Ave

19. (a) MAY 18 1943 (b) J. F. Meddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000
(c) City or town..... St. Louis 1?
(If outside city or town limits, write "RURAL") 923
(d) Street No. 1804 A.S. 10th St.
(If rural, give location)
(e) No attending Physician (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... 17th day..... May
year..... 1943 hour..... 10:30 minute..... A. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....

that I last saw him..... alive on....., 19....., and that death occurred on the date and hour stated above.

Immediate cause of death..... Coronary Sclerosis Duration

Due to..... Arteriosclerosis

Due to..... MI

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?

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

23. Signature..... Thomas F. Pallanu (M. D. or other)

Address..... Deputy Coroner Date signed..... 5-18-43

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

MAY 27 1944

St. 4759

STATEMENT BY LICENSED EMBALMER

not.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

no embalming.

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Frank J. Swinn*

Licensed Embalmer No. *4245*

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, fact should be so stated above.