

S. No. 2  
M-2-43  
5-17-39  
1 X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 29 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36845**  
Registrar's No. **9996** ✓

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Missouri Baptist Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 Day**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **FRED. ROLF Jr.**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **486-28-8572**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, **Single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased. **May 13 1902**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**41** **6** **=** \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Unknown**

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

12. Name **Fred Rolf**

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

14. Maiden name **Millie Roman**

15. Birthplace **Missouri**  
(City, town, or county) (State or foreign Country)

16. (a) Informant **Dora Kuhlmann**  
(b) Address **2711 S 13th St.**

17. (a) **Burial** (b) Date thereof **Nov 16/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **St. Martin HighRidge**

18. (a) Signature of funeral director **Stroditis & Son**  
(b) Address **2906 Gravois Ave.**

19. (a) **NOV 15 1943** (b) **J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **50**  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. ~~\_\_\_\_\_~~ **High Ridge Mo**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **13**  
year **1943** hour **1.25 P.M.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Nov-12-** 19**43** to **Nov-13** 19**43**  
that I last saw him alive on **Nov-13-** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Septicemia**  
**Embolic of upper leg**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations **Same / 5/1/1**  
Of autopsy \_\_\_\_\_

Duration **3 Day**  
**5 Day**  
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)  
(Means of injury)  
23. Signature **Divland Christ** (M. D. or other) **M.D.**  
Address **220 N. 4th St** Date signed **11/15/43**

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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.....

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

Signed *V E Morris*

Licensed Embalmer No. 3360

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.**