

S. No. 2  
FORM-5-43  
Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 25 1946  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. ....

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:  
2627 Michigan Ave. /  
(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) (Antonie)

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. 2627 Michigan Ave.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME (Antonie) Antoinette/Rolfes

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13th  
year 1946 hour 5,20 minute P M.

21. I hereby certify that I attended the deceased from Jan 13 1946  
to Jan 13 1946  
that I last saw her alive on Jan 13 1946  
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Gerhard

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased April 9 1856  
(Month) (Day) (Year)

Immediate cause of death, Chronic myocarditis 5 years

Duration 5 years

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

8. AGE: Years Months Days If less than one day

89 9 4 hr. min.

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

10. Usual occupation At Home

11. Industry or business.....

12. Name Mertens

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

14. Maiden name Not known

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

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?.....

(Specify type of place)

While at work?..... (e) Means of injury.....

16. (a) Informant William Nienhauser

(b) Address 2627 Michigan Ave.

17. (a) Burial (b) Date thereof 1/17/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Peter & Paul Cem.

18. (a) Signature of funeral director John H. Gebken Sons

(b) Address 2630 Gravois Ave.

19. (a) JAN 15 1946 J. F. Budeck  
(Date received by registrar) (Registrar's signature)

23. Signature Paul P. Korgelogen (M. D. or other) D

Address 116 Lemay Ferry Landing Date signed 1/14/46

(Licensed Embalmer's Statement on Reverse Side)

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

3027

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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..... *Robert F. Gibben* .....

Licensed Embalmer No..... *4144* .....

P. O. Address..... *2630 Grouais* .....

**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.**