

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **11117**

FILED MAR 23 1948

Registration District No. **3148**

Primary Registration District No. **6076**

Registrar's No. **690**

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

1. PLACE OF DEATH:

(a) County. **St. Louis**
(b) City or town. **Jefferson Barracks, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Veterans Administration Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **12 Days**
In this community. **12 Days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Illinois** (b) County. **Randolph**
(c) City or town. **Baldwin**
(If outside city or town limits, write "RURAL")
(d) Street No. **-**
(If rural, give location)
(e) Citizen of foreign country? **-** (Yes or No)
If yes, name country. **-**

3. (a) PRINT FULL NAME **ROHLFING, Adolph W.**

3. (b) If veteran, name war. **VV-1** 3. (c) Social Security No.

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. **November 7 1888**
(Month) (Day) (Year)

8. AGE: Years **59** Months **4** Days **4** If less than one day **-** hr. **-** min.

9. Birthplace. **Red Bud Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation. **Laborer**

11. Industry or business.

12. Name. **Wilhelm Rohlfing**

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

14. Maiden name. **Eva Donius**

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

16. (a) Informant. **Registrar, Vet. Adm. Hospital**

(b) Address. **Jefferson Barracks, Mo.**

17. (a) **Removed** (b) Date thereof. **2-12-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **Baldwin Ill**

18. (a) Signature of funeral director. **Rowland Service**

(b) Address. **4104 Manchester, St. Louis, Mo.**

19. (a) **3-15-48** (b) **Gene J. Shapiro**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. **March** day. **11**
year. **1948** hour. **10:20** minute. **P.** M.

21. I hereby certify that I attended the deceased from **February 29, 1948** to **March 11, 1948**;
that I last saw him alive on **March 11, 1948**;
and that death occurred on the date and hour stated above.

Immediate cause of death. **CARCINOMA OF THE RECTUM WITH PROBABLE ABDOMINAL METASTASES**

Due to. **462**
Due to.
Other conditions. (Include pregnancy within 3 months of death):

Major findings:
Of operations.
Of autopsy. **No Autopsy performed**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **None**
(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)
Signature. **L. E. Stilwell** (M. D. License)
Address. **Jefferson Barracks, Mo.** Date signed. **3/12/48**

Duration
PHYSICIAN
Underline the cause of which death should be charged statistically.

SEP 16 1948

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.....

J. Allen Davis Jr

Licensed Embalmer No.....

4350

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.