

No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED MAY 7 1948

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14591
Registrar's No. 3993

Registration District No. 318 Primary Registration District No. 1011

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

1. PLACE OF DEATH:
(a) County
(b) City or town City ST Paul
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Infirmary Hospital. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2-5-42/4-27-48
(Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town City
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Rolf
(b) If veteran, name war
(c) Social Security No. None
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
(b) Name of husband or wife
(c) Age of husband or wife if alive, years
7. Birth date of deceased Feb. 2 1872
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4 day 27
year 1948 hour 6 minute 10a. M.
21. I hereby certify that I attended the deceased from 7
1, 1947, 4-27, 1948,
that I last saw her alive on 4-27, 1948,
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
76 2 25 hr. min.

Immediate cause of death Broncho pneumonia
antemortem heart disease
Due to
Due to
Other conditions left hemiplegia
(Include pregnancy within 3 months of death)

9. Birthplace Ill.
(City, town, or county) (State or foreign country)
10. Usual occupation ?

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name Ferdinand Rolf
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Theresa Kurtzmeier
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant City Infirmary Hospital
(b) Address 5800 Arsenal St.
17. (a) Burial (b) Date thereof 4-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem
18. (a) Signature of funeral director Edw Koller + Son
(b) Address 3516 E. 14th
APR 28 1948
19. (a) (Date received local registrar) (b) F. Bracke
(Registrar's signature)

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 Warren C Lewis (M. D. or other)
Address 5600 Arsenal Date signed 4-27-48

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 Ronald A. Yahnke

.....
Licensed Embalmer No. 3917

P. O. Address St. Louis

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.