

FILED MAY 23 1950

STANDARD CERTIFICATE OF DEATH

State File No. 18582

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1273

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis,
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri, b. COUNTY
c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, 2159
d. STREET ADDRESS (If rural, give location) 4723 Michigan Ave., 0

3. NAME OF DECEASED (Type or Print)
a. (First) Margaret b. (Middle) F. c. (Last) Rohlfing,
4. DATE OF DEATH (Month) (Day) (Year) May 12, 1950

5. SEX Female, 6. COLOR OR RACE White, 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.
8. DATE OF BIRTH September 19, 1911 9. AGE (In years last birthday) / 38 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk-Administration Center, U.S. Govt.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri,
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frank X. Schmieder
13b. MOTHER'S MAIDEN NAME Mamie Froechtenigt,
14. NAME OF HUSBAND OR WIFE George W. Rohlfing,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS George W. Rohlfing, 4723 Michigan Ave.,

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of ovary
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 1 yr. 1 yr.

19a. DATE OF OPERATION 2/17/50
19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of ovary
20. AUTOPSY? YES NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 175X (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
21e. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK []
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 9, 1950 to May 12, 1950 that I last saw the deceased alive on May 11, 1950, and that death occurred at 1:40 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edmund J. ...
23b. ADDRESS 16 Hampton Village Plaza
23c. DATE SIGNED 5/12/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial,
24b. DATE May 15, 1950
24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park,
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.

DATE REC'D BY LOCAL REG. MAY 12 1950
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary, 2842 Meramec St.,

(Licensed Embalmer's Statement on Reverse Side)

St. Louis, 18, Mo.

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

JUN 21 1950

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 _____ me

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

Joe S. Benz
Licensed Embalmer No. *04249*

P. O. Address *2842 Meramec St.,
St. Louis, 18, 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.