

FILED JUN 23 1951

STANDARD CERTIFICATE OF DEATH

21415

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. **1003** Registrar's No. **5299**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MISSOURI.** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS - MO.** c. LENGTH OF STAY (in this place) **48 YRS.**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS.** **2269**

d. FULL NAME OF HOSPITAL OR INSTITUTION **ALEXIAN-BROTHERS-HOSP.** e. STREET ADDRESS (If rural, give location) **1805 NO. 17TH ST.**

3. NAME OF DECEASED (Type or Print)
a. (First) **JOHN** b. (Middle) **ANTHONY** c. (Last) **ROLVER**

4. DATE OF DEATH (Month) (Day) (Year) **JUNE - 8TH - 1951**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**

8. DATE OF BIRTH **FEB. 9TH 1880** 9. AGE (In years last birthday) **71 YRS.** If under 1 year: Months _____ Days _____ If under 10 min: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **ELEVATOR-OPERATOR** 10b. KIND OF BUSINESS OR INDUSTRY **GLOBE DEMOCRAT NEWSPAPER**

11. BIRTHPLACE (State or foreign country) **CINCINNATI - OHIO** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **FRANK-ROLVER** 13b. MOTHER'S MAIDEN NAME **BERNADINE-TEMAAT** 14. NAME OF HUSBAND OR WIFE **ELIZABETH B. ROLVER**

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. **489-09-5057** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Elizabeth B. Rolver 1805 N 17th St**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Acute sclerotic Heart Disease** INTERVAL BETWEEN ONSET AND DEATH **10 day**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. **DUE TO (b) _____**
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. _____

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **H200**

22. I hereby certify that I attended the deceased from **5/29**, 19**51**, to **6-8**, 19**51**, that I last saw the deceased alive on **6/1/51**, 19**51**, and that death occurred at **11:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **S. A. Hecker MO** 23b. ADDRESS **5600 S Compton** 23c. DATE SIGNED **6/9/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **JUNE 11TH 1951** 24c. NAME OF CEMETERY OR CREMATORY **CALVARY-CEMETERY.** 24d. LOCATION (City, town, or county) (State) **ST. LOUIS MO.**

DATE REC'D BY LOCAL REG. **JUN 10 1951** REGISTRAR'S SIGNATURE **J. B. Hasater** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Brockland Und. Co. 1827-HOGAN-ST.**

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

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

Elton H. Penick

Signed.....

Student Embalmer

Licensed Embalmer No. 4283

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.