

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29972**

FILED SEP 8 - 1952

318

REG. DIST. NO. PRIMARY REG. DIST. NO. **1003**

Registrar's No. **8068**

1. PLACE OF DEATH a. COUNTY D		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission.) a. STATE Missouri b. COUNTY 2089	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Altenheim		d. STREET ADDRESS (If rural, give location) 8 8721 Halls Ferry Rd.	
3. NAME OF DECEASED a. (First) MATTIE (Type or Print)		b. (Middle)	
c. (Last) ROHLFING		4. DATE OF DEATH (Month) (Day) (Year) August 24 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH February 12, 1869.
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY housework	
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John N. Morgenthaler		13b. MOTHER'S MAIDEN NAME Margaretha Fischer.	
14. NAME OF HUSBAND OR WIFE Rev. Alex 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. None	
17. INFORMANT'S SIGNATURE OR NAME Mr. Meyer 8721 Halls Ferry Rd.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause* (a) stating the underlying cause last. DUE TO (b) Essential Hypertension 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 day 5 yrs.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 331X			
22. I hereby certify that I attended the deceased from 6:15 P.M., 19 to Aug 24, 1952 , that I last saw the deceased alive on Aug 23, 1952 , and that death occurred at 4:15 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE John R. Morris		23b. ADDRESS 8209 7th Broadway	
23c. DATE SIGNED Aug 27 52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 27-1952	
24c. NAME OF CEMETERY OR CREMATORY Western Lutheran Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Missouri	
DATE REC'D BY LOCAL REG. AUG 26 1952		REGISTRAR'S SIGNATURE J. Charles Smith MO	
25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden F.H. Inc.		ADDRESS 1936 St. Louis Ave.	

WRITE PLAINLY—USING UNEADING 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Max L. Wayfel.....

Licensed Embalmer No..... 4170

P. O. Address 1936 St Louis Ave.....

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.