

## STANDARD CERTIFICATE OF DEATH

40662

FILED DEC 12 1952

State File No. ....

BIRTH NO. ....

REG. DIST. NO. ....

318

PRIMARY REG. DIST. NO. ....

1003

Registrar's No. ....

10724

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN / St. Louis, Mo.		c. LENGTH OF STAY (In this place) 5 Months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights 4485	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital		d. STREET ADDRESS (If rural, give location) 7338 Hoover Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Katie		b. (Middle) C		c. (Last) Rohlfing	
4. DATE OF DEATH (Month) (Day) (Year) 11 20 1952		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 4/12/69		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min. 83 7 8	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 10	
12. CITIZEN OF WHAT COUNTRY? A. U.S.A.		13a. FATHER'S NAME Frederich Wissman		13b. MOTHER'S MAIDEN NAME Margaret Bohlman	
14. NAME OF HUSBAND OR WIFE August C. Rohlfing		15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Gertrude Steinman		ADDRESS --5852 Itaska St.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION <i>Infirmities of age</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Generalized arteriosclerosis</i> DUE TO (c) <i>Arteriosclerotic heart disease</i>		INTERVAL BETWEEN ONSET AND DEATH 1 yr. ? 8 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 4200	
22. I hereby certify that I attended the deceased from _____, 1944, to 11/20/52, 19____, that I last saw the deceased alive on 11/20/52, 19____, and that death occurred at 1.30 P.m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Geo. W. Stuer</i>		(Degree or title) M.D.		23b. ADDRESS 3720 Washington Blvd	
23c. DATE SIGNED 11/21/52		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/21/52	
24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Missouri			
DATE REC'D BY LOCAL REG. NOV 2 1 1952		REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE Robert J. Ambruster-6633 Clayton Rd.	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

*Ernest W. Sellers*

Signed.....  
Student Embalmer

Licensed Embalmer No. *14080*

P. O. Address.....

**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.