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 R #9028 SL-6095
 FILED JUN 22 1955

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
 318

 State File No. 20359
 Registrar's No. 5079

BIRTH NO.		REG. DIST. NO.	PRIMARY REG. DIST. NO.	REGISTRAR'S NO.	
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 OR TOWN) 915 N. Grand St. Louis, Mo.		c. LENGTH OF STAY (in this place) 2 days		c. CITY OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		STREET ADDRESS (If rural, give location) 24 2834 Wyoming		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Alfred		b. (Middle) (none)		c. (Last) ROLFS	
4. DATE OF DEATH (Month) (Day) (Year) 6-10-55		5. SEX MALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 3-28-1879		9. AGE (In years last birthday) 76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper (retired)		10b. KIND OF BUSINESS OR INDUSTRY Newspaper		11. BIRTHPLACE (City and State or Foreign Country) Leavenworth, Kansas	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Rolfs		13b. MOTHER'S MAIDEN NAME Frances - Unknown	
14. NAME OF HUSBAND OR WIFE Mary Rolfs		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes SPAW & WWI		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME VA HOSP RECORDS, ST. LOUIS, MO.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCTION *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE 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 3 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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? 4200	
22. I hereby certify that I attended the deceased from 6-8-55, 1955, to 6-10-55, 1955, and that death occurred at 4:25a m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Westphalinger		23b. ADDRESS M.D. 915 N. Grand, St. Louis, Mo.		23c. DATE SIGNED 6-10-55	
24a. REMOVAL (Specify) Removal		24b. DATE 6-13-55		24c. NAME OF CEMETERY OR CREMATORY National Cem.	
24d. LOCATION (City, town, or county) Jeff. Barracks, Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home		24f. ADDRESS 6322 S. Grand Blvd., St. Louis, Mo.	
DATE RECD BY LOCAL REG. JUN 13 1955		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

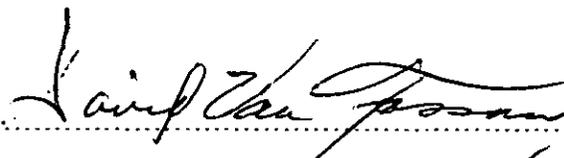
(Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed: 

Licensed Embalmer No. 424

P. O. Address 622 S. 1st St.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.