

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29048

FILED AUG 24 1956

State File No. _____
Registrar's No. **6785**

318

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. 6785		
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		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION Restaurant-17th & Locust				e. STREET ADDRESS (If rural, give location) 3649a Wilmington Ave. 201 1/2						
3. NAME OF DECEASED (Type or Print) ELIZABETH			a. (First)		b. (Middle)		c. (Last) ROLF		4. DATE OF DEATH (Month) (Day) (Year) July 19, 1956	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Sept. 5, 1894		9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Councilor			10b. KIND OF BUSINESS OR INDUSTRY Mo. State Employment			11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Louis Rolf			13b. MOTHER'S MAIDEN NAME Elizabeth Andrea			14. NAME OF HUSBAND OR WIFE None				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No			16. SOCIAL SECURITY NO. Unknown			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Hilda Rolf - 3649a Wilmington				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocardial infarction due to arteriosclerotic coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) generalized arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						INTERVAL BETWEEN ONSET AND DEATH 2 hrs. ?		
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) 420-1						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____						
22. I hereby certify that I attended the deceased from 7-8, 1946 , to 7-14, 1956 , that I last saw the deceased alive on 7-14, 1956 , and that death occurred at 10:30 a.m. from the causes and on the date stated above.										
23a. SIGNATURE L. J. Roth M.D. (Degree or title)				23b. ADDRESS 835 Mo. Theatre Bldg.				23c. DATE SIGNED 7-19-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 23, 1956		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Ceme.		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri				
DATE REC'D BY LOCAL REG. JUL 20 1956		REGISTRAR'S SIGNATURE Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WACKER-HELDERLE - 3634 Gravois Ave.					

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. 267
P. O. Address N. Louis

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.