

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028732  
STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 230

FILED SEP 8 1958

5. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Warren</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Rural - Charrette Twp.</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hosp.</b>		Length of stay in 1b <b>2 hours</b>	d. STREET ADDRESS (If outside, give location) <b>2 miles North Marthasville</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Charles Edward Roloff Jr.</b>			4. DATE OF DEATH Month Day Year <b>August 30, 1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>August 6, 1932</b>
9. AGE (In years last birthday) <b>26</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Janitor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe factory</b>	11. BIRTHPLACE (City and state or country) <b>Marthasville, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>Charles Roloff</b>	
13b. MOTHER'S MAIDEN NAME <b>Ruth Gruebble</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>487-38-7344</b>	17. INFORMANT <b>Charles Roloff, Sr.</b>
Address <b>Marthasville, Mo.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Multiple fractures of skull with laceration of brain</b> DUE TO <b>conclusion of brain</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Fractures of ribs</b>	
INTERVAL BETWEEN ONSET AND DEATH		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Subject believed to have been struck by automobile</b>	
20c. TIME OF INJURY Hour Month, Day, Year <b>2:00 a.m. 8/30/58</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <b>Highway</b>		20f. CITY, TOWN, OR LOCATION <b>Marthasville, Warren, Mo.</b>	
21. I attended the deceased from Death occurred at <b>5:30 A.M.</b>		and last saw him alive on <b>8-30-58</b>	
22a. SIGNATURE <b>W. J. Schenk</b>		22b. ADDRESS <b>Marthasville, Mo.</b>	
22c. DATE SIGNED <b>9/2/58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>Sept. 2, 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St. Paul's Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Marthasville, Mo.</b>		24. FUNERAL DIRECTOR <b>J. F. Lichtenberg</b>	
ADDRESS <b>Marthasville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>9/2/58</b>	
26. REGISTRAR'S SIGNATURE <b>F. J. Schenk</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc.: most use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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

Student .....  
Signature of Student Embalmer

Signed *Albion T. Fisher* .....

Licensed Embalmer No. 4318 .....

P. O. Address Marthasville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.