

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-017834

FILED VS APR 22 1960

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1065

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pine Lawn | Length of stay in lb 2 1/2 Years | c. CITY OR TOWN Pine Lawn | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6424 Woodrow Avenue | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 6424 Woodrow Avenue, 20 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First CARRIE Middle Last ROHLFING | | | 4. DATE OF DEATH Month March Day 29th Year 1960 | |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9-27-69 | 9. AGE (last birthday) 90 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (City and state or country) Bland, Missouri | 12. CITIZEN OF WHAT COUNTRY USA |
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| 13a. FATHER'S NAME Kenny Koenig | 13b. MOTHER'S MAIDEN NAME Henrietta Ehker | 14. NAME OF HUSBAND OR WIFE Late Henry Rohlfing |
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| 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 Address Mrs. Lydia Hemplemann, 6422 Woodrow Ave. 20 |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cranial Thrombosis acute | | INTERVAL BETWEEN ONSET AND DEATH 3 Day |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Arterio Sclerotic Heart Disease yrs | |
| | DUE TO (c) Stroke | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Tumor mass Rt. Lower Abdomen | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. |
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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION Bland, Missouri | COUNTY Bland | STATE Missouri |
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21. I attended the deceased from **May 1955** to **3/29/60** and last saw her alive on **3/29/60**
Death occurred at **1:45P** on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) Hugh Haynes MD | 22b. ADDRESS 3720 Washington | 22c. DATE SIGNED 3/30/60 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal Motor | 23b. DATE 4-2-60 | 23c. NAME OF CEMETERY OR CREMATORY City Cemetery | 23d. LOCATION (City, town, or county) (State) Bland, Missouri |
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| 24. FUNERAL DIRECTOR ADDRESS ALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, St. Louis, Missouri. | 25. DATE RECD. BY LOCAL REG. 3-30-60 | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ralph C. Zindler

Licensed Embalmer No. 4275

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.