

NOV 16 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791

33713  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **1003**  
 (b) Township ..... Primary Registration District No. ....  
 (c) City **St. Louis** (d) Street No. **City Hospital** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

**Emilie Roeder**

(a) Residence, No. **4131 Pennsylvania Ave.** St. **15** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Henry Roeder**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 27 1865**

7. AGE YEARS **73** MONTHS **2** DAYS **6** If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**  
 9. Industry or business in which work was done, as saw mill, bank, etc. ....  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

FATHER 13. NAME **Eggert Arp**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Margareta Lautenschlager**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Hulda E. Gebhardt 4131 Pennsylvania**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mo. Crematory** DATE **Oct 6 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Wm. Schumacher Und. Co. 3013 Meramec St.**

20. FILED **OCT 5 1938** **H. Breda** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 3 1938**

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at **11:30 P.M.**

The principal cause of death and related causes of importance were as follows:

**Fracture of Skull, subdural Hemorrhage and Fracture of ribs left side as a result of a fall from a street car at South East corner of Grand and Oak St.** Date of onset

Other contributory causes of importance: **Age. About 3:10 P.M. Oct 2/1938 Cause of fall could not be ascertained**

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy **yes**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury **10-2-1938**  
 Where did injury occur? **St. Louis** (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in street, or in public place. **Public Place**

Manner of injury .....  
 Nature of injury **See above**

24. Was disease or injury in any way related to occupation of deceased? If so, specify **Alfred J. Perry** (Signed) **Alfred J. Perry** (Address) **Deputy Coroner**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, George J. Delamont, Licensed Embalmer No. 2906  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me  
..... L. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.  
Signed George J. Delamont  
Licensed Embalmer No. 2906

**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.)**