

REC'D MAR 13 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS 791
 CERTIFICATE OF DEATH 1003

4877

Do not use this space.

Registered No. 1570

1. PLACE OF DEATH

- (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis (d) Street No. 2835 Winnebago 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 73 yrs. 5 mos. 1 da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

- 360 Katie Roeder
 (a) Residence, No. 2835 Winnebago Str. St. 24 (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) Single

- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 5 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 6 11

- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
 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) St. Louis (STATE OR COUNTRY) Mo.

- FATHER 13. NAME Jacob Roeder

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

- MOTHER 15. MAIDEN NAME Margaret Nassauer

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

17. INFORMANT Hy. Hartmann (ADDRESS) 2835 Winnebago

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Feb. 18 39

19. FUNERAL DIRECTOR (NAME) Schumacher Und. co. (ADDRESS) 3013 Meramec

20. FILED FEB 17 1939 19 J. D. Bruders Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16 1939

22. I HEREBY CERTIFY, That I attended deceased from May 22 1934 to Febr 14 1939, 1939

- I last saw her alive on Febr 14 1939. Death is said to have occurred on the date stated above, at 6 P. m.

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

Chronic Myocarditis

Date of onset

- Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury..... 19.....

- Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

- Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify Dr. J. W. Schumacher

(Signed) Dr. J. W. Schumacher, M. D.

(Address) 310 & C. S. P. Ave. St.

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

Clarence Kochow

Registered Apprentice No. *3093*

working under my personal supervision.

Signed

Clarence Kochow

Licensed Embalmer No. *3093*

P. O. Address *2018 Meram*

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 this body is not embalmed, above space should be left blank.