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

REC'D MAY 22 1939

15933
Do not use this space.

1. PLACE OF DEATH
(a) County St Charles
(b) Township or
(c) City St. Charles
Registration District No. 757
Primary Registration District No. 3036
Registered No. 48
(d) Street No. ..... 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 351 Eugene Roedenbeck
(a) Residence, No. 719 N. Benton Avenue St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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): Sept. 29, 1931
7. AGE: YEARS 7, MONTHS 6, DAYS 5; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Student
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. Charles, Mo.

FATHER
13. NAME: Martin Roedenbeck
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Charles, Mo.

MOTHER
15. MAIDEN NAME: Genevieve Beckmann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Charles, Mo.

17. INFORMANT (ADDRESS): Martin Roedenbeck, St. Charles Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Borromeo Cemetery St. Charles, Mo DATE April 6, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): H. C. Dallmeyer & Sons Co, St. Charles, Mo
20. FILED 4/5, 1939 Clarence G. Wessler, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 4, 1939
22. I HEREBY CERTIFY, That I attended deceased from Mar 27, 1939, to April 4, 1939
I last saw him alive on April 4, 1939. Death is said to have occurred on the date stated above, at 1:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	Apr 4 39
Other contributory causes of importance: Diphtheria	Mar 27 1939

Name of operation: None Date of —
What test confirmed diagnosis? Phys. & Hist. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None 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? No
If so, specify none
(Signed) Will L. Freeman, M. D.
(Address) St Charles Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

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