

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34160  
Registrar's No. 8698

NOV 13 1939 791  
Registration District No.

Primary Registration District No.

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.

1. PLACE OF DEATH: 11008  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 4232 Prairie Ave.  
(d) Length of stay: 60 yrs.  
In this community 60 yrs.

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 1  
(c) City or town St. Louis  
(d) Street No. 4232 Prairie  
(e) If foreign born, how long in U. S. A.: 60 years

3. (a) PRINT FULL NAME John Roeckle  
(b) If veteran, name war Nil  
(c) Social Security No. Nil

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 9 year 1939 hour 3 minute 45 P M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife Frieda Roeckle  
6. (c) Age of husband or wife if alive Nil years  
7. Birth date of deceased Sept. 10 1956

21. I hereby certify that I attended the deceased from Oct 2, 1939, to Oct 9, 1939; that I last saw him alive on Oct 8, 1939; and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 0 Days 29 If less than one day hr. min.

Immediate cause of death apoplexia  
Due to Chronic Myocarditis

9. Birthplace Stuttgart Germany  
10. Usual occupation Tinner  
11. Industry or business Enameling Co.

Other conditions Chronic Myocarditis  
Major findings: Of operations —  
Of autopsy —

MOTHER FATHER  
12. Name Unknown  
13. Birthplace Unknown  
14. Maiden name Unknown  
15. Birthplace Unknown

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Arthur C. Roeckle  
(b) Address 24 Chestnut Ave. Webster Groves, Mo.  
17. (a) Burial (b) Date thereof Oct. 12 1939  
(c) Place: burial or cremation Friedens Cem.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) —  
(b) Date of occurrence —  
(c) Where did injury occur? —  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

18. (a) Signature of funeral director W. A. Uhlermeyer & Sons  
(b) Address 3924 N. 20th St.  
19. (a) OCT 11 1939 (b) J. D. [Signature]

While at work? — (Specify type of place)  
(c) Means of injury —  
23. Signature W. A. Uhlermeyer (M. D. Embaler)  
Address 1511 E Grand St. Date signed 10/11/39

**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.....

*Geo P Schubert*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....*Geo P Schubert*.....

Licensed Embalmer No. *2212*

P. O. Address *5718<sup>9</sup> N. Kings Highway*

**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.**