

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township) 3
(c) Name of hospital or institution:
Jefferson & Gravois
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Louis C. Roeckle 240

8. (b) If veteran, name war World War 8. (c) Social Security No. 486-729275

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Marie 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased unk
(Month) (Day) (Year)

8. AGE: Years abt 57 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Beer Bottler

11. Industry or business Brewery

12. Name Fred Roeckle

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lizzie Howe

15. Birthplace Not known Not known
(City, town, or county) (State or foreign country)

16. (a) Informant: Marie Roeckle
(b) Address: 908 Geyer

17. (a) burial (b) Date thereof June 6, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Near St. Marcus Cemetery

18. (a) Signature of funeral director John J. Grogan
(b) Address: 7027 Gravois

19. (a) JUN 4 1940 (b) G. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 908 Geyer
(If rural, give location)
(e) If foreign born, how long in U.S. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 6 day 3
year 1940 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion
Atherosclerosis of Coronaries
Due to _____
Due to 94

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
Where did injury occur? _____ (City or town) (County) (State)
(c) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (Specify type of injury)

23. Signature Alfred Geyer (M. D. or other) 5
Address Alfred Geyer Date signed 6/4/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

29

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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Graves

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.