S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20463

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 5411

JUL 27 1940

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Luke's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 15 days (Specify whether years, months or days)
In this community: 15 days

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3. (a) PRINT FULL NAME: Louise Roennicke
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: William
6. (c) Age of husband or wife if alive: Ca. 58 years
7. Birth date of deceased: Nov (Month) 22 (Day) 1883 (Year)
8. AGE: Years 56 Months 7 Days 0 If less than one day hr. min.
9. Birthplace: Millstadt Ill (City, town, or county) St Clair Co (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
12. Name (Father): Louis T. Miller
13. Birthplace (Father): Millstadt Ill (City, town, or county) St. Clair Co (State or foreign country)
14. Maiden name (Mother): Carolina Klein
15. Birthplace (Mother): Millstadt Township (City, town, or county) St Clair Co (State or foreign country)
16. (a) Informant: William Roennicke
(b) Address: Millstadt Ill
17. (a) (Burial, cremation, or removal) (b) Date thereof: June 25 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Evergreen
18. (a) Signature of funeral director: Arnold Metzger
(b) Address: Millstadt Ill
19. (a) JUN 24 1940 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Illinois (b) County:
(c) City or town: Millstadt N.R. (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1940 hour 6:50 minute P M.
21. I hereby certify that I attended the deceased from September, 1939, to June 22, 1940; that I last saw her alive on June 22, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death: coronary embolism with cardiac failure — Duration 15 hrs
Due to: pulmonary infarct (?) with pleurisy, left — 1 week
Due to: Postoperative ?? Removal of Gallbladder and stones — 15 days ago
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: Cholelithiasis, cholecystitis
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:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Geo. A. Seib (M. D. or other)
Address: 2323 Lafayette Ave Date signed: 6/22/40

(Licensed Embalmer's Statement on Reverse Side) St. Louis Mo.

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 Me

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

working under my personal supervision.

Signed Ben. H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. St Louis Ill

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.