

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No. **791**

Primary Registration District No. **1003**

**7151**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(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. Anthony's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 wks  
In this community 7 wks (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Lincoln Roemer 560

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Lillie Roemer 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased May 2 1865  
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 7 If less than one day hr. min.

9. Birthplace Wheeling W Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation President

11. Industry or business Lindenwood College

12. Name John Roemer

18. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Ann Doner

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Cary Motley  
(b) Address St. Charles, Mo

17. (a) burial (b) Date thereof Aug. 12 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Hackman-Bowe  
(b) Address St. Charles, Mo.

19. (a) AUG 24 1940 (b) J. F. Radwick  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri  
(b) City or town St. Charles, Mo.  
(c) City or town 200 College Ave. NR  
(If outside city or town limits, write "RURAL.")  
(d) Street No. 200 College Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9th  
year 1940 hour 3:20 minute 0 M.

21. I hereby certify that I attended the deceased from June 14  
1940 to Aug 9 1940  
that I last saw him alive on Aug 8 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction  
of coronary thrombosis

Due to \_\_\_\_\_  
Due to 930

Other conditions (Include pregnancy within 3 months of death)

Major findings: July 1 - large  
fractured second rib  
Of autopsy None

Duration  
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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
Cause of injury \_\_\_\_\_

23. Signature Neil Moore (M. D. or other) MD  
Address Frisco, Mo. Date signed 8-10-40

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

2  
0-39  
39  
21492

7151

7151

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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.....

*John Ketter*

Licensed Embalmer No. 3880

P. O. Address St. Louis, Mo.

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

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