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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

OCT 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30623

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7900

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: 3950a Shaw Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 60 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County

(c) City or town St. Louis. 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3950 Shaw Ave. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 60 Years. years.

3. (a) PRINT FULL NAME Adolph H. Roeper.

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 Late Christine Roeper. 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 17th 1858.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	4	4	hr. min.

9. Birthplace Germany. 6
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Commission Merchant

11. Industry or business 9

FATHER
12. Name Unknown. 9
13. Birthplace Unknown.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown.
15. Birthplace Unknown.
(City, town, or county) (State or foreign country)

16. (a) Informant Adela K. Roeper
(b) Address 3950a Shaw Ave.

17. (a) Burial (b) Date thereof 9-23-40.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Zions cem.

18. (a) Signature of funeral director Hy. Leidner and Co.
(b) Address 2223 St. Louis Ave.

19. (a) SEP 23 1940 (b) J. F. Bridrick
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20
year 1940 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from April 1939, 19 to Sept 20, 1940
that I last saw him alive on Sept 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cascinoma of the Esophagus

Due to Cancer

Due to Secondary Anaemia

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature W. C. Goldenried (M. D. ~~or other~~)
Address 4522 Virginia Date signed 9/21/40

(Licensed Embalmer's Statement on Reverse Side)

4532 Virginia
Holdenville
Ok. 0997

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

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, fact should be so stated above.