

No. 2
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **5470**

MAR 25 1941
Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **1718**

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: **3750 Sullivan Ave**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **75 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Augusta Roettger**

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, **Widowed**

6. (b) Name of husband or wife **Louis Roettger** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **February 1866**
(Month) (Day) (Year)

8. AGE: Years **75** Months **--** Days **1** If less than one day _____ hr. _____ min.

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

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Unknown Oellermann**

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

14. Maiden name **Louise Portmann** 15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Anna Steinhaus**

(b) Address **3750 Sullivan Ave**

17. (a) **Burial** (b) Date thereof **Feb. 24 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **Beiderwieden Funl Home**

(b) Address **1936 St Louis Ave**

19. (a) **FEB 24 1941** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

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

(d) Street No. **3750 Sullivan Ave**
(If rural, give location)

(e) If foreign born, how long in U. S. A? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** Day **21** year **1941** hour **6:00** minutes **P** M.

21. I hereby certify that I attended the deceased from **Feb 21**, 1941, to **Feb 21**, 1941; that I last saw her alive on **Feb 21**, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death **Central Nervous System** Duration **48 hrs.**

Due to **Chronic Myocarditis + Coronary Atherosclerosis**

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **✓**

Of autopsy **192 1941**

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) _____ (e) Means of injury **0**

23. Signature **W. Jackson Miller** (M. D. or other) _____
Address **7680 Ashland** Date signed _____

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

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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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No.

P. O. Address.....

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, fact should be so stated above.