

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9012**
2422
Registrar's No.

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No.

00
17
9

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town **4636 Adkins**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Anthony's Hosp. 0
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULLNAME **Cecelia Roesch**

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 **Widow**

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

7. Birth date of deceased **Oct. 24th, 1861**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

79 **4** **21** hr. min.

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

10. Usual occupation **At home**

11. Industry or business.....

MOTHER FATHER { 12. Name **Not known**

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

14. Maiden name **Not known**

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

16. (a) Informant **August Roesch**

(b) Address **4636 Adkins**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3/18/41**
(Month) (Day) (Year)

(c) Place: burial or cremation **Old S. S. Peter & Paul**

18. (a) Signature of funeral director **John A. Ziegenhain**

(b) Address **7027 Gravois Ave.**

19. (a) **MAR 17 1941** (b) **J. W. Drebeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town **St. Louis, Mo.** (If outside city or town limits, write "RURAL") **1715**

(d) Street No. **4636 Adkins** (If rural, give location) **9**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **15th**
year **1941** hour **2** minute **P.** M.

21. I hereby certify that I attended the deceased from **Feb. 24-41**
March 15, 1941 to **March 15, 1941**
that I last saw her alive on **March 15, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial infarction & hypertensive chronic**

Due to	Duration
Fracture of right hip	2/23/41
Sept (Antef-trochlear)	20/3 yrs.
Diastolic - Arterio	
Calceroafin	

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) **hip fracture 2/23/41**

(b) Date of occurrence **2/23/41**

(c) Where did injury occur? **4636 Adkins St. L. Mo.**
(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 **Fall 0**

23. Signature **J. W. Drebeck** (M. D. or other)
Address **4738 S. Brown St.** Date signed **3/17/41**

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, fact should be so stated above.