

No. 2
1-4-41
17-39
X25

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12099

FILED APR 9 1941
Registration District No. 784

Primary Registration District No. 117

Registrar's No. 713

1. PLACE OF DEATH:

(a) County ST LOUIS
(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
215 PARKHURST TERRACE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 YRS
(Specify whether years, months or days)
In this community 18 YRS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS
(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 215 PARKHURST
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME KATIE MARGARET ROEDER

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or face WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife JOHN B ROEDER 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased APRIL-21-1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 10
If less than one day — hr. — min.

9. Birthplace FELL CITY INDIANA
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

12. Name PHILLIP REISS

13. Birthplace STRASBURG FRANCE
(City, town, or county) (State or foreign country)

14. Maiden name ELIZA BARWICK

15. Birthplace LONDON ENGLAND
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph J. Roeder

(b) Address 212 SELMA AVE.

17. (a) BURIAL (b) Date thereof APR-2-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BELLEFONTAIN GEMETERY

18. (a) Signature of funeral director Parker S. ...

(b) Address WEBSTER GROVES MO.

19. (a) APR 1 1941 (b) J.R. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31 at
year 1941 hour 4 - minute P.M.

21. I hereby certify that I attended the deceased from March 25th
1941 to March 30th 1941
that I last saw her alive on March 30th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema Duration 1 week

Due to Chronic myocardial degeneration & hypertension many years

Due to — ?

Other conditions heart hypertrophy
(Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

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?

(e) Means of injury

While at work? (Specify type of place)

23. Signature Frances P. Ritchie (M. D. or other) —

Address 5233 Waterway St. ... Date signed 3-31-41

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

MOTHER FATHER

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 W. B. Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster Groves

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.