

No. 2
1-4-41
5-17-3
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26913

State File No.

SEP 17 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6705

PLACE OF DEATH

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. 9 Days
In this community about 50 years
years, months or days

3. (a) PRINT FULL NAME Jennie Roedershiemer

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Adam Roedershiemer 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased July 2, 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 14 If less than one day hr. min.

9. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name Harrison Cundiff

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

14. Maiden name Milvine Robinson

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

16. (a) Informant Florence Sleme

(b) Address 2507a Dodier St

17. (a) burial (b) Date thereof Aug. 18, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Goodhart, Goodhart

(b) Address 2228 St. Louis Ave

19. (a) AUG 17 1941 (b) J. S. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2108 N. 14th St
(If rural, give location)
(e) Citizen, of foreign country? (Yes or No) ?
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16,
year 1941 hour 5:15 minute A. M.

21. I hereby certify that I attended the deceased from July 7, 1941 to August 16, 1941,
that I last saw her alive on August 16, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes mellitus
Due to 61 58
Due to 61 58
Other conditions (Include pregnancy within 3 months of death)

Major findings: Amputation of left leg because of gangrene
Of operations no autopsies

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 _____

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 _____

23. Signature M. H. Johnson (M. D. or other) ?
Address 1515 Lafayette Avenue, Date signed 8/16/41

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

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

Charles Goodhart
.....
Licensed Embalmer No. *82777*

P. O. Address *St Louis Mo*

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.