

No. 2  
4-41  
17-39  
X26390

DEPARTMENT OF HEALTH MISSOURI STATE BOARD OF HEALTH  
BUREAU OF THE CENSUS  
STANDARD CERTIFICATE OF DEATH

State File No. **30207**  
Registrar's No. **7546**

Registration District No. **791** Primary Registration District No. **1003**

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: Parkland Memorial  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 3 days years, months or days

3. (a) PRINT FULL NAME Marie Roehm  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Jake Roehm 6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased Aug. 31-1897 (Month) (Day) (Year)

8. AGE: Years 44 Months - Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business at home

12. Name John Thiele

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

14. Maiden name Unknown

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

16. (a) Informant Jake Roehm

(b) Address 9737 S. Grand

17. (a) burial (b) Date thereof Sept. 20-43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's

18. (a) Signature of funeral director Fernando...  
(b) Address 7420 Michigan

19. (a) **SEP 18 1941** (b) J. N. Wood (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Lemay (If outside city or town limits, write "RURAL")  
(d) Street No. 9737 S. Grand (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17 year 1941 hour 3- minute 30 A. M.  
21. I hereby certify that I attended the deceased from 9-4 1941 to 9-17 1941  
that I last saw her alive on 9-17 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Dilatation Duration 2 hours

Due to Hypertension, Indefinite

Due to MI

Other conditions: Acute Appendicitis, Ventricular Hemorrhage (Include pregnancy within 3 months of death)

Major findings: Acute Appendicitis, Ventricular Hemorrhage  
Of operations \_\_\_\_\_  
Of autopsy none made

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 fall

23. Signature John D. Thompson (M. D. or other)  
Address Metropolitan Date signed 9/17/41

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.....

*Alfred E. Funch*

Licensed Embalmer No.....

*4148*

P. O. Address.....

*St. Louis*

**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.**