

FILLED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33543

Registration District No. 791

Primary Registration District No.

Registrar's No. 8501

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 week's
(Specify whether years, months or days) 74 Years

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") 729
(d) Street No. 4300 N. Euclid Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Fred H. Roenfeldt

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marie Roenfeldt 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased October 16, 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months --- Days 10 If less than one day hr. _____ min.

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

10. Usual occupation Retired Grocer

11. Industry or business

MOTHER FATHER { 12. Name Claus Roenfeldt
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Anna Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Roenfeldt
(b) Address 4300 N. Euclid Ave.

17. (a) Burial (b) Date thereof Oct. 29, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Wm. H. Paschodag

(b) Address 2825 N. Grand Blvd.

19. (a) OCT 27 1941 (b) J. J. Bures
(Date received for record) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26th
year 1941 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 8, 1941 to Oct. 26, 1941
that I last saw him live on Oct 26, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation, 2 days
Duration

Due to Chronic Myocardial
Degeneration ?

Due to Arteriosclerotic Cardiac
Vascular Disease ?

Other conditions (Include pregnancy within 3 months of death)

Major findings: Benign Prostatic
Hypertrophy
Of operation _____
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) _____
(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)
(v) Means of injury 0

23. Signature Charles J. Harlan (M. D. or other) M.D.
Address 3711 Lee Ave. Date signed 10/27/41

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 Ray W. Wilkinson

Licensed Embalmer No. 3575

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, above space should be left blank.