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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 24 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 40183

Registrar's No. 8066-9103

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

1. PLACE OF DEATH:

(a) County

(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 (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 4737 Greer Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edward Roedel

3. (b) If veteran, name war —

3. (c) Social Security No. 492-01-6165

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ELIZABETH

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased JUNE (Month) 27 (Day) 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
57	5	15	hr. min.

9. Birthplace ST. LOUIS (City, town, or county) / MISSOURI (State or foreign country)

10. Usual occupation PACKER

11. Industry or business INTERNATIONAL SHOE CO.

FATHER
12. Name PHILIP ROEDEL
13. Birthplace ST. LOUIS (City, town, or county) / MISSOURI (State or foreign country)

MOTHER
14. Maiden name CAROLINA BRACKER
15. Birthplace ST. LOUIS (City, town, or county) / MISSOURI (State or foreign country)

16. (a) Informant Della Roedel
(b) Address 4737 Greer Ave

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 15, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation NEW BETHLEHEM

18. (a) Signature of funeral director Biederwieden Fun'l Home Inc.
(b) Address 1936 St. Louis Ave

19. (a) DEC 15 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12, year 1941 hour 7:40 minute P. M.

21. I hereby certify that I attended the deceased from December 11, 1941 to December 12, 1941; that I last saw him alive on December 12, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebrovascular thrombosis c̄ hemorrhage right middle cerebral artery	3 days
Due to: CNS syphilis	
Tabes dorsalis	
Due to: Meningovascular syphilis	
Syphilitic aortitis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature M. M. Karl (M. D. or other)
Address 1515 Lafayette Ave. Date 12/13/41

(Licensed Embalmer's Statement on Reverse Side)

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 Felix J. Crispin

Licensed Embalmer No. 3497

P. O. Address 1936 N. Lewis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.