

4-41
17-39
X28390

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **9986**

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:
4922 Harney Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days

3. (a) PRINT FULL NAME **Charles A. Roedder**

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

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

6. (b) Name of husband or wife **Amelia Roedder** 6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **Mar. 30 1876**
(Month) (Day) (Year)

8. AGE: Years **65** Months **8** Days **16** If less than one day hr. _____ min. _____

9. Birthplace **Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Blacksmith**

11. Industry or business **Retired**

MOTHER FATHER { 12. Name **Unknown**

13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Melvin Roedder**

(b) Address **4922 Harney Ave.**

17. (a) **Burial** (b) Date thereof **12-19-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Charles Cem. Drehmann-Harral**

18. (a) Signature of funeral director **1905 Union Blvd.**

(b) Address _____

19. **DEC 17 1941** (b) **J. F. Brueck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County _____

(c) City or town **St. Louis** 7 17 9
(If outside city or town limits, write "RURAL")

(d) Street No. **4922 Harney Ave.** 5
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **16**
year **1941** hour **7** minute **30** A.M.

21. I hereby certify that I attended the deceased from **9/8**, 19 **40**, to **12/16**, 19 **41**
that I last saw him alive on **December 11**, 19 **41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis** Duration **don't know**

Due to _____

Due to _____

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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) (e) Means of injury _____

23. Signature **Walter H. Suoeneman** M.D. or other _____
Address **1506 St. Louis** Date signed **12-17-41**

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

1506 St. Francis Ave
15-29-768 pm

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..... *Albert R. Thompson*

Licensed Embalmer No. *4237*

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, fact should be so stated above.