

Registration District No. 310

Primary Registration District No. 3068

Registrar's No. 356

92
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Carmelite Home, St. Charles, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 mos
(Specify whether years, months or days)

In this community 6 mos

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
17

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

(d) Street No. 6412 Devonshire
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME August H. Rocklage

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Pauline

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March 1 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>4</u>	<u>26</u>hr.min.

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

10. Usual occupation Retired

11. Industry or business Public Service Co.

12. Name Frank Rocklage

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

14. Maiden name Henrietta Roediger

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

16. (a) Informant Leo F. Knepper

(b) Address 6412 Devonshire Ave.

17. (a) Burial (b) Date thereof 7-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director C. Hoffmeister

(b) Address 6464 Chippena Str.

19. (a) July 26, 1942 (b) Clarence J. Weasler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1942 hour 7 minute 20 A. M.

21. I hereby certify that I attended the deceased from 7-24, 1942 to 7-27, 1942
that I last saw h. alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to Essential Hypertension

Due to Generalized arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) 83a

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?
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature Old Saver (M. D. or other) M.D.
Address 106 W. Burlington Date signed 7-27-42

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 *Edwin H. Leebinger*
Licensed Embalmer No. *4049*
P. O. Address *6464 Chippewa*

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.