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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38127

State File No.

Registration District No. 784 Primary Registration District No. 208 Registrar's No. 2488

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. Nov. 21, 1942 (Specify whether
In this community unknown.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

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

(d) Street No. 329 East Courtois Street
(If rural, give location)

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

If yes, name country -

3. (a) PRINT FULL NAME Oscar Roesler 487-26-4232

3. (b) If veteran, name war World war-1918

3. (c) Social Security No. ~~Yes — not remembered~~

4. Sex male

5. Color or race 0 white

6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife -

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

7. Birth date of deceased September (Month) 16, (Day) 1891 (Year)

8. AGE: Years 51 Months 2 Days 11 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Coremaker

11. Industry or business -

FATHER
12. Name George Roesler
13. Birthplace (City, town, or county) UNKN (State or foreign country) 9

MOTHER
14. Maiden name Louise Roesler REUTER
15. Birthplace (City, town, or county) UNKN (State or foreign country) 9

16. (a) Informant M. Schillig
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 30-42 (Month) (Day) (Year)
(c) Place: burial or cremation NATIONAL CEM

18. (a) Signature of funeral director C Hoffmeister W L Co
(b) Address 7814 S Broadway

19. (a) NOV 30 1942 (Date received local registrar) (b) E. G. McGarvon MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27th, year 1942 hour 9:30 minute a. M.

21. I hereby certify that I attended the deceased from November 21, 1942 to November 27, 1942; that I last saw him alive on November 27, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death PNEUMONIA, LOBAR, RIGHT, TYPE UNDETERMINED. — Duration: About 8 days.

Due to -

Due to -

108

Other conditions NONE.
(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation.

Of autopsy Autopsy not granted.

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) no

(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 0

23. Signature L. M. COCHRAN, M.D., (M. D. or other)

Address Chief Medical Officer Date signed 11/27/42

(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 Linus C. Hoffmeister, Registered-Apprentice No. ....., working under my personal supervision.

Signed: Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.