

7. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 14 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 314

1. PLACE OF DEATH:

(a) County Puchanan

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

(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

In this community 55 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Puchanan

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

(d) Street No. 1410 S. 30th Street
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Carl A. Roeder

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March Day 9th year 1943 hour 6 minute 00 A.M.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased October 28 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar. 4 1943 to Mar. 9 1943 that I last saw him alive on Mar. 8 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 59 Months 4 Days 11 If less than one day hr. min.

Immediate cause of death Coronary artery

Duration 3-5 days

9. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

Due to Arteriosclerosis

Due to

10. Usual occupation Carpenter

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 83a

11. Industry or business

12. Name George Roeder

13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Regina Fuchs

15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Phillip Roeder

(b) Address 1410 S. 30th St. St. Joseph, Mo.

17. (a) Burial (b) Date thereof Mar. 12, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cem.

18. (a) Signature of funeral director Herman W. Deufaden

(b) Address 1802 Union Str., St. Joseph, Mo.

19. (a) 3-12-43 (b) Rose Stegoy
(Date received local registrar) (Registrar's signature)

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) Means of injury 0

23. Signature John J. Conner (M. D. or other) M.D.
Address St. Joseph, Mo. Date signed

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

11
11
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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.....

John A. Hurley

Licensed Embalmer No. 4050

P. O. Address. St. Joseph, Mo.

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.