No. 2
9-4-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11516

Registration District No. 318 784 200

Primary Registration District No. 1094

Registrar's No. 609 ~~2470~~

1. PLACE OF DEATH:
(a) County St Louis County
(b) City or town WELLSTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6314 Page Blvd.
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County same
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6314 Page Blvd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lizzie Roettger
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 August Roettger
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased 8 - 9 - 1871 (Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 4 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Chas. Roettger
(b) Address 6314 Page Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Truth Center Mortuary
(b) Address 4024 Lindell Boulevard
19. (a) MAR 16 1943 (Date received local registrar) (Registrar's signature)
E. J. McCarran (Licensed Embalmer) (See Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th year 1943 hour 4:15 P.M. minute M.
21. I hereby certify that I attended the deceased from Jan. 30 1943 to Mar. 9 1943 that I last saw her alive on Mar. 13 1943 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cardiac decompensation
Due to Valvular Disease of the Heart
Due to Chr. Nephritis
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

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 B. L. Jenson (M. D. or other)
Address 564 Walerman Date signed 3/15/43

Dr Francis
5646 Waterman

JAN 26 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the bo recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supe

Signed Howard H. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis Mo

Note: The above MUST THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes ground of license.)

If this body is not embal d be so stated above.