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Rev. 5-17-39
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1976

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 19 1943

1003

Registration District No. 318

Primary Registration District No. _____

Registrar's No. 5430

1. PLACE OF DEATH:

(a) County _____

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

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

(d) Length of stay: In hospital or institution 11 Days
(Specify whether years, months or days)

In this community 43 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 704 Soulard St.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Nettie Agnes Roehl

MEDICAL CERTIFICATION

3. (b) If veteran, name war Unknown

20. DATE OF DEATH: Month June day 7, year 1943 hour 10:24 minute A.M.

4. Sex Female 5. Color or race White

21. I hereby certify that I attended the deceased from May 28, 1943 to June 7, 1943; that I last saw her alive on June 7, 1943; and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Edward

Immediate cause of death Cerebral thrombosis

7. Birth date of deceased April 30, 1866
(Month) (Day) (Year)

Due to arteriosclerotic heart disease
Due to Diabetes mellitus

8. AGE: Years 77 Months 1 Days 8
If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) W

9. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy: no cause

10. Usual occupation Housewife

11. Industry or business Home

12. Name Charles Draper

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

14. Maiden name Mary Thompson

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

16. (a) Informant Edgar J. Roehl

(b) Address 704 Soulard St.

17. (a) Burial (b) Date thereof June 14, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial in Mathewson

18. (a) Signature of funeral director Chas A Bull
(b) Address 4457 Washington St.

19. (a) JUN 14 1943 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature Drewson Ellensen (Specify type of place) (c) Means of injury _____

Address 1515 Lafayette Avenue, Date signed 6/17/43

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Ketter

Licensed Embalmer No.....

3880

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.