7. S. No. 2
00M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23419

Primary Registration District No. 1003

Registrar's No. 7013

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Christian Hospital 0
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0 0 3 17 9 10

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

(d) Street No. 4125a Sacramento Ave
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Anna Marie Roeder

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race Wh

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

6. (b) Name of husband or wife Edward A. Roeder

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased October (Month) 19 (Day) 1880 (Year)

8. AGE: Years 62 | Months 9 | Days 11 | If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name August Vocke
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Minnie Uttman
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Edward A. Roeder
(b) Address 4125a Sacramento Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/43 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director Kraeger-Voss-Fix
(b) Address 3402 No. Kingshighway

19. (a) AUG 3 1943 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30th year 1943 hour 8 minute 45 p.m.

21. I hereby certify that I attended the deceased from 11-1-42, 19 to 7-30, 19 43 that I last saw her alive on 7-30, 19 43 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cerebrovascular hemorrhage

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

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 J. E. Harrison (M.D. or other)

Address 4058 W. Pleasant Date signed 7-31-43

(Licensed Embalmer's Statement on Reverse Side)

7043

7042

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 J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address Cel

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.