S. No. 2
M—5-43
5-17-39
1 X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35804

State File No. 0

FILED NOV 6 1943

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2441

96
0
0

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6326 Lenox Avenue. /
(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: 96

(a) State Missouri (b) County St. Louis 0
(c) City or town Wellston (14) 0
(If outside city or town limits, write "RURAL")
(d) Street No. 6326 Lenox Avenue.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CHRISTINA ROEPER.

3. (b) If veteran, name war None
3. (c) Social Security No. None

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

6. (b) Name of husband or wife John C. Roeper.
6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased October (Month) 22, (Day) 1877. (Year)

8. AGE:

Years	Months	Days	If less than one day
66	0	8	hr. min.

9. Birthplace Cairo, (City, town, or county) Illinois. / (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Jacob Reiss.
13. Birthplace ? (City, town, or county) Germany. 4 (State or foreign country)

MOTHER
14. Maiden name Christina Legel.
15. Birthplace ? (City, town, or county) Germany. 4 (State or foreign country)

16. (a) Informant Mr. John C. Roeper.
(b) Address 6326 Lenox Avenue.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-3-1943. (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cem.
18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Avenue.
19. (a) NOV 2- 1943 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30th.
year 1943 hour 9 minute 05 P.M.

21. I hereby certify that I attended the deceased from 10-15, 1943, to 10-30, 1943
that I last saw her alive on 10-30, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CORONARY THROMBOSIS	1 HR
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94a
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 Orville Oberth (M. D. or other) M.D.
Address 3794 Hodiamont Date signed 11-1-43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Orville O. White.
1194 Hodiamont Ave.
Hours 1 to 5 P.M.
Telephone Cabanny 8755

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 Ben Hoffman

Licensed Embalmer No. 4366

P. O. Address St Louis 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.