

FILED JUN 9 1944 8

Registration District No.

Primary Registration District No.

1003

State File No.

Registrar's No.

4905

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 27 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 13
 (c) City or town St. Louis (13)
(If outside city or town limits, write "RURAL")
 (d) Street No. 3882a Windsor Place.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Emma L. Roewe.

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 Widowed
 6. (b) Name of husband or wife Henry L. Roewe. 6. (c) Age of husband or wife if alive Dec'd. years
 7. Birth date of deceased November 15, 1863.
(Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 12 If less than one day hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Bocke Hoffmann.
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Clementine Schrirenberg.
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Carl H. Roewe.
 (b) Address 10400 Niblic Drive.

17. (a) Burial (b) Date thereof 5-29-1944.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) MAY 29 1944 (b) J. F. Prudek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27th.
 year 1944 hour 3 minute 35 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver Duration for

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1/2H

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Frank J. Prudek (M. D. or other) 5/29/44
 Address 1515 Lafayette Date signed _____

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

MOTHER FATHER

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.