

FILED FEB 11 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 274

1. PLACE OF DEATH:

(a) County St. Jennings, St. Louis County,
(b) City or town Jennings,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2643 Terrace Lane /
(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 St. Louis 96
(c) City or town Jennings 0
(If outside city or town limits, write "RURAL")
(d) Street No. 2643 Terrace Lane 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mary A. Roeder

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 7
6. (b) Name of husband or wife Louis Roeder 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 28, 1864.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 6 2 _____ hr. _____ min.

9. Birthplace Freeburg, Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER
12. Name Mr. Mahlmann
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Miss Krieg
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida Ottersbach
(b) Address 2643 Terrace Lane
17. (a) Removal (b) Date thereof Feb. 1, 1946.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Freeburg, Illinois

18. (a) Signature of funeral director Calvin F. Fentz Funeral
(b) Address 4928 Natural Bridge Blvd.

19. (a) 2-2-46 (b) E. M. Garmon MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30th
year 1946 hour 7:15 minute A. M.
21. I hereby certify that I attended the deceased from 5/20/35
_____ 19. to 1/30/46 19.
that I last saw her alive on 1/30/46 19.
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy none

Duration _____
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?

Home While at work _____ (Specify type of place) (a) Means of injury _____
23. Signature W. Klein MD (M. D. or other) _____
Address 6807 W. Louisiana Date signed 1/31/46

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

680741 J. Stewart
2-4

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 A. Mlinar

Licensed Embalmer No. 4186

P. O. Address Howe M

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.