

Registration District No. **318** Primary Registration District No. **1003**

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:
St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 8809 Partridge Ave
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Gustave H. Roebke
3. (b) If veteran, name war None 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 15,
year 1946 hour 9:36 PM minute..... M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maude L Barclay Roebke 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased September 3, 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1944 to July 15 1946
that I last saw him alive on July 15 1946
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Hypertensive Cardiovascular
Renal disease Duration 3 yrs

8. AGE: Years Months Days If less than one day
66 10 12 hr. min.

Due to.....
Due to.....

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

Other conditions Cerebral Thrombosis 2nd hrs
(Include pregnancy within 3 months of death)

10. Usual occupation Salesman

11. Industry or business Meyer Bros. Drug Co.

12. Name William A. Roebke

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

14. Maiden name.....

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

16. (a) Informant Mrs Maude L. Roebke

(b) Address 8809 Partridge Ave

17. (a) Burial (b) Date thereof 7/19/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) JUL 17 1946 (b) J. F. Bredach
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations.....
Of autopsy.....

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.....
23. Signature A. Hendeman (M. D. or other) MD
Address 417 6th St Date signed 7/16/46

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

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

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 Raymond F. L. Egan
Licensed Embalmer No. 4266
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.