

FILED OCT 7 1946

Registration District No. **2 10**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
6025 Westminster /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days) 61 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 517

(d) Street No. 6025 Westminster
(If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country.....

3. (a) PRINT FULL NAME Clara Hertich Roeder

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex F. / 5. Color or race W.

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Frank Roeder, Dec.

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

7. Birth date of deceased Aug. 14 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>1</u>	<u>12</u>	hr. min.

9. Birthplace Sta. Genevieve, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....

MOTHER FATHER

12. Name Dr. Charles Hertich

13. Birthplace Sta. Genevieve Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Rozler

15. Birthplace Sta. Genevieve Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Blanch Roeder

(b) Address 6025 Westminster

17. (a) burial (Burial, cremation, or removal)

(b) Date thereof 9-28-1946
(Month) (Day) (Year)

(c) Place: burial or cremation Sta. Genevieve, Mo.

18. (a) Signature of funeral director Alexander Sons, Inc.

(b) Address 6175 Delmar

19. (a) SEP 27 1946 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26th
year 1946 hour 5: minute 45 A. M.

21. I hereby certify that I attended the deceased from Sept 18-46
to Sept 26 1946
that I last saw her alive on September 25 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia 6 days

Due to General Arteriosclerosis
Chronic Myocarditis

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?

23. Signature Leo Roienberger (M. D. or other)
Address 2245 Olive St Road Date signed 9/27/46

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.....

Jos. E. McCulloch

Licensed Embalmer No. *2960*

P. O. Address. *6175 Delmar*

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.