S. No. 2
OM—5-43
v. 5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

390244

State File No.

FILED NOV 25 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9725

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: 0
St. Anthony's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis 1417
(If outside city or town limits, write "RURAL")

(d) Street No. 5027 A. Mardel Ave 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Christian A. Roehrig

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

3. (c) Social Security No. 488-12-8661

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Anna Roehrig

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased January 31 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 13 If less than one day hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name James A. Roehrig 4
13. Birthplace Germany 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Schmal
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Anna E. Roehrig
(b) Address 5027 A. Mardel Ave

17. (a) Cremation (b) Date thereof 11-16 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Ziegenhein Bros.
(b) Address 6409 Gravois Ave

19. (a) NOV 15 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14th day November
year 1946 hour 4:15 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 7, 1946, to Nov. 13, 1946;
that I last saw him alive on Nov. 13, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Peritonitis	2 days
Due to Perforation colon	2 days
Due to Carcinoma Colon (Ascending)	1 yr.
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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature E H Edele (M. D. or other) M. D.
Address 4971 Chippewa St. Date signed 11-14-46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Edele
4971 Chippewa Dr
Tel-6753

DEC 5 1946

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 Homer W. Fritz

Licensed Embalmer No. 3882

P. O. Address.....

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.