

S. No. 2  
DM-5-43  
v. 5-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 23 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 42885  
Registrar's No. 10916

Registration District No. 318  
Primary Registration District No.

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:  
Stone Convalescent Home  
(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)

3. (a) PRINT FULL NAME Mary Roessler  
(b) If veteran, name war \_\_\_\_\_ No. 710  
3. (c) Social Security No. 710

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife William F. Roessler 6. (c) Age of husband or wife if alive 84 years  
7. Birth date of deceased Mar. 16 1872  
(Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo. 11  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
12. Name John Forst  
13. Birthplace England  
(City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant William F. Roessler  
(b) Address 3637 Mo. Av.

17. (a) Burial (b) Date thereof 12 20 46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director Witt Bro. & Ne  
(b) Address 2929 S. Jefferson Av.

19. (a) DEC 20 1946 (Date received local registrar)  
J. F. Budeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis 24001  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3637 Massachusetts Av.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 17  
year 1946 hour 9 minute 30 p. M.

21. I hereby certify that I attended the deceased from Dec. 8th 1946 to Dec. 17th 1946  
that I last saw her alive on Dec. 17th 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Relaxation of Heart Duration unknown

Due to Chronic Pericarditis unknown  
Due to Nephritis unknown

Other conditions General Arteriosclerosis unknown  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations: 1/2/1  
Of autopsy: \_\_\_\_\_  
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) no  
(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 William Baron (M. D. or other) M.D.  
Address 3601 S. Jefferson Date signed 12-18-46

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD!  
100  
9  
41694

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**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 Harold C. Witt

Licensed Embalmer No. 4353

P. O. Address 2929 S. Jefferson Ave

**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.**