. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 8 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29451

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 2329

1. PLACE OF DEATH:
(a) County
(b) City or town: City St. Louis. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10-19-44/8-30-1947 (Specify whether years, months or days) In this community C.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town City (If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fred Roemer
3. (b) If veteran, name war A
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 11 (Month) 19 (Day) 1869 (Year)

8. AGE: Years 77 Months 9 Days 11 If less than one day hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Nil.
11. Industry or business
FATHER 12. Name Wm. Roemer
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Louisa Kamm
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant City Inf y. Records
(b) Address 5800 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthew Cem
18. (a) Signature of funeral director Schumacher Und Co.
(b) Address 3013 Meramec St.
19. (a) SEP 2 1947 (Date received locally registered) (b) J. F. Breuer (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 30 year 47 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from 10 19 19 44 to 8-30 19 47 that I last saw him alive on 8-30 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	3 wks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

107

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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) Manner of injury

23. Signature Warren C. Lewis (M. D., or other)
Address 5600 Arsenal Date signed 8-31-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. Frances Williamson

Licensed Embalmer No. 3565

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.