S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Mr. Fuchs
Kingsland & Hickory

State File No. 43734

FILED DEC 31 1947

Registration District No. 517

Primary Registration District No. 2002

Registrar's No. 2659

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 7320-Ahern Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 18-Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 7320-Ahern Ave. 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Johanna Roddeck
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Edward
6. (c) Age of husband or wife if alive Dcd. years
7. Birth date of deceased June (Month) 22 (Day) 1860 (Year)

8. AGE: Years 87 Months 5 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....
FATHER
12. Name Unknown 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown 9
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Albert G. Roddeck
(b) Address 7320-Ahern Ave-U.City.Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Park
18. (a) Signature of funeral director Baumann Bros Inc
(b) Address 2504-Woodson Rd-Overland-14-Mo.
19. (a) 12-23-47 (Date received local registrar) (b) Cecil A. Shaft MD (Registrar's signature) MB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19
year 1947 hour 9 minute 10 P/ M.
21. I hereby certify that I attended the deceased from Sept. 1947 ....., 19....., to Dec 1, 1947
that I last saw her alive on 12-19, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration 5 hours.
Due to arteriosclerosis.
Due to 94 a
Other conditions .....
(Include pregnancy within 3 months of death)
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) Means of injury 0
23. Signature G J Fuchs (M. D. ~~or other~~)
Address 608 Kingsland Date signed 12-22-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Res. Ev. 5777
office - Com. 8400

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.