

No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 3 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 288
Registrar's No. 111

Primary Registration District No. 1000

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2521 Angelique St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 63 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan //
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2321 Angelique st. 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country *

3. (a) PRINT FULL NAME Raymond Roeder
3. (b) If veteran, name war None
3. (c) Social Security No. 491-09-9694

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Roeder
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased February 12 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	<u>70</u>	<u>11</u>	<u>14</u>	hr. min.

9. Birthplace Barbain Germany //
(City, town, or county) (State or foreign country)

10. Usual occupation Candy Maker

11. Industry or business Chase candy co.

12. Name George Roeder

13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Regina Fuchs

15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Roeder

(b) Address 2321 Angelique st.

17. (a) Burial (b) Date thereof Jan. 28, 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman W. Sidenfaden

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 1-28-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26
year 1948 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from Jan. 12
1948 to Jan. 25 1948
that I last saw him alive on Jan. 25 1948
and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion + h.
chronic myocarditis 2nd. to
my knowledge.

Due to my knowledge.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 930
Of autopsy:

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature [Signature] (If not father)

Address St. Joseph, Mo. Date signed 1/26/48

PHYSICIAN
Underline the cause of which death should be charged statistically.

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.....

Elmer Thomas

Licensed Embalmer No. *2640*

P. O. Address *St. Joseph 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.