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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 7 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14589

State File No. ....

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3911

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Alexian Bros. Hospital  
(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 George W. Roeckel  
3. (b) If veteran, name war Spanish Amer. 3. (c) Social Security No. ---

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years  
7. Birth date of deceased May 27 1879  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>11</u>	<u>29</u>	hr. min.

9. Birthplace: St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Butcher

11. Industry or business

12. Name Henry A. Roeckel

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

14. Maiden name Katherine Zecht

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

16. (a) Informant Julius A. Roeckel  
(b) Address 3537 Indiana

17. (a) Burial (b) Date thereof 4/28/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation National Cemetery, Jefferson  
Baracks, Mo.

18. (a) Signature of funeral director Wacker - Hildebrand  
(b) Address 3634 Gravois Ave.  
19. (a) APR 27 1948 (b) J. F. Bredeck  
(Data received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 50  
(c) City or town Kimmswick  
(If outside city or town limits, write "RURAL")  
(d) Street No. NR. (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 25th  
year 1948 hour 8:20 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death External hemorrhage and shock, following compound fracture of left leg when he walked into the left front fender of an automobile driven by Mr. Oren Woodrow Black about one mile south of Imperial, Mo., on Highway #61 - 67, around 4.30 p.m. April 25, 1948.  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

ACCIDENT

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) Accident  
(b) Date of occurrence April 25, 1948  
(c) Where did injury occur? 1 mi. So. of Imperial Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
public place  
While at work? see above (Specify type of place)  
Means of injury see above

23. Signature [Signature] (M. D. or other)  
Address [Signature] Date signed 4/27/48

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

MOTHER FATHER

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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 Robert Wheeler

Licensed Embalmer No. 2178

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.**