

FILED JUN 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 17644  
Registrar's No. 4610

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4610	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) ST. Louis		c. LENGTH OF STAY (in this place) U		c. CITY (If outside corporate limits, write RURAL and give township) ST. Louis		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital				d. STREET ADDRESS (If rural, give location) 24 = 2852 1/2 Lemp Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) CHRISTINE		b. (Middle) Mary		c. (Last) Roesch		4. DATE OF DEATH (Month) (Day) (Year) May 23, 1949	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 11, 1868	
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Belleville, Illinois	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Horst		13b. MOTHER'S MAIDEN NAME Sabthyr		14. NAME OF HUSBAND OR WIFE Christian Roesch	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edward H. Fleddermann 2852 1/2 Lemp			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Congestive Heart Failure INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerotic Heart Disease DUE TO (c) Upper Respiratory Infection II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) 93		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H200					
22. I hereby certify that I attended the deceased from 1947 to May 23, 1949, that I last saw the deceased alive on May 19, 1949, and that death occurred at 5:45 P. M., from the causes and on the date stated above.							
23a. SIGNATURE L. B. Roesch, M.D. (Degree or title)				23b. ADDRESS 3407A So. Jefferson Ave.		23c. DATE SIGNED 5-24-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 26, 1949		24c. NAME OF CEMETERY OR CREMATORY New Pickers Cem.		24d. LOCATION (City, town, or county) (State) ST. Louis, Missouri	
DATE REC'D BY LOCAL REG. MAY 25 1949		REGISTRAR'S SIGNATURE L. B. Roesch		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Will Bros. L. & U. Co. 2929 So. Jefferson Ave.			

(Licensed Embalmer's Statement on Reverse Side)

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

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed *H. M. Davis*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3746

P. O. Address 2929 Jefferson

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.