

FILED JAN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2179

State File No.

BIRTH NO. _____ REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 7452 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Wentzville Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wentzville Mo 0920</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>V</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Andrew</u> b. (Middle) <u>John</u> c. (Last) <u>Roettger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 8 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>	
8. DATE OF BIRTH <u>Aug 22-1888</u>		9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>14</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>V</u>		11. BIRTHPLACE (State or foreign country) <u>Josephville Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Peter Roettger</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Koester</u>		14. NAME OF HUSBAND OR WIFE <u>Frances Louis Roettger</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>49307-7742</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frances Louis Roettger</u> ADDRESS <u>Wentzville Mo</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Arterio sclerosis</u>		<u>5 yrs</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Hypertension</u>		<u>5 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>4201</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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?	

22. I hereby certify that I attended the deceased from Jan. 1940, to Jan 8, 1950, that I last saw the deceased alive on Dec 28, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Nicholas J. Honick (Degree or title) Mo 23b. ADDRESS 8902 Riverview Blvd St. Louis, Mo. 23c. DATE SIGNED 1-9-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Jan 11-50 24c. NAME OF CEMETERY OR CREMATORY St Patrick's Cemetery 24d. LOCATION (City, town, or county) (State) Wentzville Mo

DATE REC'D BY LOCAL REG Jan 14 1950 REGISTRAR'S SIGNATURE Martin P. Hoff 408 25. FUNERAL DIRECTOR'S SIGNATURE E. Pittman ADDRESS Funeral Home Wentzville Mo

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

JAN 20 1950

..... District File Number.....

..... District Health Officer No. 9

JAN 17 1950

RECEIVED

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 me

..... Student Embalmer No.

working under my personal supervision.

Signed Albert G. Stappe

Signed.....
Student Embalmer

Licensed Embalmer No. 2978

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.