

FILED OCT 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35270**  
**8625**  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webster Groves</b>	
c. LENGTH OF STAY (in this place) <b>78 Yrs</b>		<b>4617</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>11 Glen Oak Place</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Bertha</b> b. (Middle) c. (Last) <b>Roeling</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 12, 1950</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 28, 1872</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Frederick Pommer</b>	13b. MOTHER'S MAIDEN NAME <b>Pauline</b>	14. NAME OF HUSBAND OR WIFE <b>Frederick W. Roeling</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Harry Doerr, Rt. 9, Box 36B, Lemay, Mo.</b>

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) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>9-12-50</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio-sclerosis</b>		
	DUE TO (c)		
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>231X</b>

22. I hereby certify that I attended the deceased from **Sept 12, 1950, to 10-12, 1950**, that I last saw the deceased alive on **10-12, 1950** and that death occurred at **8:45 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Carl C. Irick M.D.</b> (Degree or title)	23b. ADDRESS <b>Webster Groves</b>	23c. DATE SIGNED <b>10-12-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Crementation</b>	24b. DATE <b>Oct. 14, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Missouri Crematory</b>
		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>

DATE REC'D BY LOCAL REG. <b>OCT 13 1950</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Carl C. Irick,  
227 East Lockwood Ave.,

1:00 - 2:30 P.M.

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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 \_\_\_\_\_

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*Max L. Warfel*

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave

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.