

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36005**

40720

FILED NOV 3 1951

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **3056**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Gardenville	c. LENGTH OF STAY (in this place) 14 Mo	c. CITY OR TOWN St. Louis	23
d. FULL NAME OF HOSPITAL OR INSTITUTION Miller's Nursing Home <i>2149 Afton</i>		d. STREET ADDRESS 4917 Heege Rd.	4820 17
3. NAME OF DECEASED (Type or Print) Bernard		a. (First) _____ b. (Middle) _____ c. (Last) Roeckers	4. DATE OF DEATH (Month) (Day) (Year) Aug. 31 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 22, 1866
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months 9 Days 9	IF UNDER 1 HRS. Hours 9 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gardner	10b. KIND OF BUSINESS OR INDUSTRY Truck Garden	11. BIRTHPLACE (State or foreign country) Germany	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Not known	13b. MOTHER'S MAIDEN NAME Not known	14. NAME OF HUSBAND OR WIFE Bernadina	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Florence Thein ADDRESS 4714 Seibert	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		7 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		5 years	
DUE TO (c) 332X			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis, Chronic		2 year	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? _____	
22. I hereby certify that I attended the deceased from June 1, 1950 , to Aug 31, 1951 , that I last saw the deceased alive on Aug 1, 1951 , and that death occurred at 8 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE M. R. W. Wulski (Degree or title) M.D.	23b. ADDRESS 2830 1/2 Spruson	23c. DATE SIGNED 9-4-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/5/51	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Mo
DATE REC'D BY LOCAL REG. 9-4-51	REGISTRAR'S SIGNATURE Herbert H. Decker MD	25. FUNERAL DIRECTOR'S SIGNATURE J. H. Gebken Sons ADDRESS 2630 Gravois	

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.

Embalmed By Rowland Mortuary Service

Student
Student Embalmer

Signed *Ronald Yahnkei*

Licensed Embalmer No. **3917**

P. O. Address **4104 Manchester**

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.