

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

FILED MAR 22 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10685

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1807**

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>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Home of The Friendless</b>		d. STREET ADDRESS (If rural, give location) <b>4431 S. Broadway</b>	
3. NAME OF DECEASED (Type or Print) <b>Elizabeth</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2-25-1952</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>1-31-1862</b>
9. AGE (In years last birthday) <b>90</b>		10. BIRTHPLACE (State or foreign country) <b>Missouri</b>	11. CITIZEN OF WHAT COUNTRY? <b>U.S. Po</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ML</b>		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME <b>Frederick Roeth</b>		13b. MOTHER'S MAIDEN NAME <b>Margaretta Merkel</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Sasha Danwalter</b> ADDRESS <b>5235 Loughborough</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Bronchial Asthma</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Osteoarthritis</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>3 mo</b>		4 yrs	
1 yr		2 yrs	
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) <b>no</b>	
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) <b>no</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>4221</b>		22. I hereby certify that I attended the deceased from <b>6:40</b> to <b>Feb 25, 1952</b> that I last saw the deceased alive on <b>2/20, 1952</b> and that death occurred at <b>6:20 am.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Chas. Heydeman MD</b> (Degree or title)		23b. ADDRESS <b>3720 Washington</b>	
23c. DATE SIGNED <b>2/25/52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>2-28-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Matthew's Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>4260 Bates St Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Carl Smith MD</b> ADDRESS <b>3 Regentman Bldg. 6409 Gravois</b>	
DATE REC'D BY LOCAL REG. <b>FEB 26 1952</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4343

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.