S. No. 300
v. 10-48

1090
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 22 1952

State File No. 15421

BIRTH NO. _____ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4531 Registrar's No. 33

1. PLACE OF DEATH
a. COUNTY: WARREN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WARRENTON
c. LENGTH OF STAY (in this place): ~~05~~ DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): KATIE JANE MEMORIAL HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEMAY 4000
d. STREET ADDRESS (If rural, give location): RR 8, Box 140

3. NAME OF DECEASED (Type or Print)
a. (First): EMILIE
b. (Middle): —
c. (Last): ROESCH

4. DATE OF DEATH (Month) (Day) (Year): APRIL 10, 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: OCT. 17, 1877
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): GERMANY 4
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: GEORGE MAIER
13b. MOTHER'S MAIDEN NAME: CHRISTINA BEISWINGER
14. NAME OF HUSBAND OR WIFE: HERMAN ROESCH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: HERMAN ROESCH, LEMAY, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia hypostatic — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis — [illegible]
DUE TO (c): Senile Dementia — 1 yr

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: 4500
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 15, 1952, *to* April 10, 1952, *that I last saw the deceased alive on* April 8, 1952, *and that death occurred at* 8:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold [illegible] Md
23b. ADDRESS: Warrenton Mo
23c. DATE SIGNED: 4-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 4-14-52
24c. NAME OF CEMETERY OR CREMATORY: SUNSET BURIAL PARK
24d. LOCATION (City, town, or county) (State): AFFTON, MO.

DATE REC'D BY LOCAL REG.: 4-12-52
REGISTRAR'S SIGNATURE: Floyd Logan 421-9
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: CHOFFMEISTER COLONIAL MORTUARY 6464 CHIPPEWA ST LOUIS MO

(Licensed Embalmer's Statement on Reverse Side)

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

VS OCT 15 1959

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 Harry J. Schumacher

Signed.....
Student Embalmer

Licensed Embalmer No. 2679

P. O. Address 7819 S. Broadway

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.