

FILED NOV 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37296

| | | | | | | | | | |
|---|--|--|-------------------|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>500</u> | | Registrar's No. <u>2760</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Lemay</u> | | c. LENGTH OF STAY (In this place) <u>6 Years</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Lemay</u> | | d. STREET ADDRESS (If rural, give location) <u>3705 Paule Ave.</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3705 Paule Ave.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>3705 Paule Ave.</u> | | | | | |
| 3. NAME OF DECEASED a. (First) <u>MARY</u> | | | b. (Middle) _____ | | | c. (Last) <u>ROELLIG</u> | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 23 1952</u> | | 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | | | |
| 8. DATE OF BIRTH <u>Aug. 12, 1866</u> | | 9. AGE (In years last birthday) <u>86</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u> | | | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Helspersheim, Germany</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Carl Rink</u> | | 13b. MOTHER'S MAIDEN NAME <u>Catherine Heinhouse</u> | | | |
| 13c. NAME OF HUSBAND OR WIFE <u>Late Julius Roellig</u> | | 14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 15. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Luella M. Ker</u> ADDRESS <u>347 Tacoma Dr. Lemay</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. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Degeneration</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arterio-Sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4221</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u> <u>2 yrs.</u> <u>2 yrs.</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) _____ | | 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 <u>Aug. 21, 1952</u> to <u>Oct. 23, 1952</u> , that I last saw the deceased alive on <u>Oct. 22, 1952</u> and that death occurred at <u>6:00 A.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>A. W. Peters</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>4145 a S. Grand Blvd.</u> | | 23c. DATE SIGNED <u>10/24/52</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | | |
| 24b. DATE <u>Oct. 27, 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u> | | DATE REC'D BY LOCAL REG. <u>10-27-52</u> | | | |
| REGISTRAR'S SIGNATURE <u>Herbert R. Danbo-Mo</u> | | FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u> ADDRESS <u>4228 S. Kingshighway Bl.</u> | | | | P.T. (Licensed Embalmer's Statement on Reverse Side) | | | |

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

4000

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.

Student
Student Embalmer

Signed Edwin A. Mc Dermott

Licensed Embalmer No. 3024

P. O. Address

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.