

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3214

FILED JAN 19 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 State File No. Registrar's No. 39

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4102 Louisiana Ave.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,	
		d. STREET ADDRESS (If rural, give location) 15 4102 Louisiana Ave. 2109/2	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) --- c. (Last) Roesch			4. DATE OF DEATH (Month) (Day) (Year) Jan. 1, 1954.		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 12, 1873		9. AGE (In years last birthday) 80		10. UNDER 1 YEAR Months		10. UNDER 1 YEAR Days		10. UNDER 1 YEAR Hours		10. UNDER 1 YEAR Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hoisting Engineer			10b. KIND OF BUSINESS OR INDUSTRY Construction			11. BIRTHPLACE (City and State or Foreign Country) Kimmswick, Missouri.			12. CITIZEN OF WHAT COUNTRY U.S.A.		
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13a. FATHER'S NAME Edward Roesch			13b. MOTHER'S MAIDEN NAME Elizabeth Roesch			14. NAME OF HUSBAND OR WIFE Emma Roesch (nee Dohack)		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 491-16-4373		17. INFORMANT'S SIGNATURE OR NAME Mrs. Emma Roesch				ADDRESS 4102 Louisiana Ave.			
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis						INTERVAL BETWEEN ONSET AND DEATH 2 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis						10 years	
		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"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 332X	
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22. I hereby certify that I attended the deceased from July, 1950, to Jan 1, 1954, that I last saw the deceased alive on Jan 1, 1954, and that death occurred at 11:35A m., from the causes and on the date stated above.

23a. SIGNATURE A.J. Grande (Degree or title) M.D.		23b. ADDRESS 3606 Gravois		23c. DATE SIGNED 1-2-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 4, 1954		24c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery		24d. LOCATION (City, town, or county) (State) Kimmswick, Missouri.	
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DATE REC'D BY LOCAL REG. JAN 4 1954		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary 2842 Meramec St. St. Louis, 18, Mo.	
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(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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Coron E Percy

Licensed Embalmer No. 4094

2842 Meramec St.

P. O. Address St. Louis, 18, Miss

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

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