

FILED APR 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14025
3286

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY	
b. CITY OR TOWN ST. LOUIS				MISSOURI		ST. LOUIS		4. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place)				c. CITY OR TOWN LADUE		7431			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHNS HOSPITAL				e. STREET ADDRESS		(If rural, give location) 7 PRADO DRIVE			
3. NAME OF DECEASED (Type or Print)		a. (First) MILDRED		b. (Middle) SACKSE		c. (Last) ROEPER.		4. DATE OF DEATH (Month) (Day) (Year) April 10, 1954	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 15, 1900		9. AGE (in years last birthday) 53	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife			10b. KIND OF BUSINESS OR INDUSTRY At home			11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Louis Sackse.			13b. MOTHER'S MAIDEN NAME Minnie Tuepker.			14. NAME OF HUSBAND OR WIFE Adolph H. Roeper.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Adolph H. Roeper, 7 Prado Drive.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeno-Carcinoma of ovary				ANTECEDENT CAUSES					6-8 mos?
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General peritoneal + pleural metastases.					
				DUE TO (c) none					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. none					
19a. DATE OF OPERATION Nov. 21-53 Feb. 6, 1954			19b. MAJOR FINDINGS OF OPERATION as above.					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 175 X				
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?				
22. I hereby certify that I attended the deceased from Nov. 5, 1953, to 4-10, 1954, that I last saw the deceased alive on 4-10, 1954, and that death occurred at 10:30 a.m., from the causes and on the date stated above.									
23a. SIGNATURE John J. Hammond (Degree or title) M. D.				23b. ADDRESS 634 N. Grand			23c. DATE SIGNED 4-10-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment		24b. DATE 4/13/1954		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri			
DATE REC'D BY LOCAL REG. APR 12 1954		REGISTRAR'S SIGNATURE J. C. Smith MD			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons, 7233 Delmar Blvd.,				

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

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.....
Signature of Student Embalmer

Signed.....
Arnold W. Schoen

Licensed Embalmer No. *381*

P. O. Address *H. B...*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.