

FILED JAN 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42552**
Registrar's No. **10775**

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 10775	
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 1 hr - 20 min		c. CITY OR TOWN 4870 Lemay 23, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		e. STREET ADDRESS (If rural, give location) 209 Vida Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Bernard		b. (Middle) L.		c. (Last) ROMACKER	
4. DATE OF DEATH (Month) (Day) (Year) Dec. 6, 1955		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 27, 1892		9. AGE (In years last birthday) 63	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hoisting Engineer		10b. KIND OF BUSINESS OR INDUSTRY Miss. Sand Co.		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME Mary UNKNOWN	
14. NAME OF HUSBAND OR WIFE (Anna) deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes #1		16. SOCIAL SECURITY NO. 492-05-9792	
17. INFORMANT'S SIGNATURE OR NAME Myrtle Mesz, 2018a Menard		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Pulmonary Edema and Congestion; Fracture of ribs, suffered in fall from garage at foot of Victor Street		INTERVAL BETWEEN ONSET AND DEATH 2:00 pm, December 6th	
19a. DATE OF OPERATION 6th 1955.		19b. MAJOR FINDINGS OF OPERATION 6th 1955.		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT (Specify) Fall from Garage		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Garage		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 6 56 2pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? acc E912.3	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:45P m., from the causes and on the date stated above.					
23a. SIGNATURE Joseph M. Fendler		23b. ADDRESS 1300 Clair		23c. DATE SIGNED 12/9/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/10, 55		24c. NAME OF CEMETERY OR CREMATORY New St. Marcue Cemetery St. Louis Co.	
24d. LOCATION (City, town, or county) (State)		DATE REC'D BY LOCAL REG. DEC 9 1955		REGISTRAR'S SIGNATURE Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und. Co.		ADDRESS 7420 Michigan			

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 *W. G. Peterson*

Licensed Embalmer No. *376*

P. O. Address *7420 Ma*

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.