

FILED FEB 25 1957

STANDARD CERTIFICATE OF DEATH

State File No. **6574**
Registrar's No. **1096**

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) Lifetime		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) DePaul Hospital				e. STREET ADDRESS (If rural, give location) 5936 Era Avenue (21)			
3. NAME OF DECEASED (Type or Print) BERNICE		a. (First)		b. (Middle) ROELLCHEN		c. (Last)	
4. DATE OF DEATH Feb. 1, 1957		4. DATE (Month) (Day) (Year)		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Nov. 13, 1913		9. AGE (In years last birthday) 43		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Woolworth CO		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, MO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Roellchen		13b. MOTHER'S MAIDEN NAME Ella Vogt		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 493-03-0261		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Roellchen 10087 Grosvenor (16)			
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) Pulmonary Atelectasis ANTECEDENT CAUSES Cor Pulmonale Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 d 6 weeks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 434.3		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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 <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 Feb. 10, 1957 , to Feb. 1, 1957 , that I last saw the deceased alive on Feb. 1, 1957 , and that death occurred at 6:45 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE N. J. Honick (Degree or title) MO				23b. ADDRESS 8902 Riverview		23c. DATE SIGNED 2-2-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-4-57		24c. NAME OF CEMETERY OR CREMATORY N. Bethlehen Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, County MO	
DATE REC'D BY LOCAL REG. FEB 4 57		REGISTRAR'S SIGNATURE Carl Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SUEDMEYER & SON'S 3934 N. 20th Street			

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 *Gustav W. Dietrich*.....
Licensed Embalmer No. *430*.....
P. O. Address *St. Louis*.....

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.