

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-023339

STATE FILE NUMBER  
REGISTRAR'S NUMBER 8 5395

JUN 18 1959

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

300  
1-57  
7  
0

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4758 Alma Ave.</b>		d. STREET ADDRESS <b>4758 Alma Ave.</b>	

3. NAME OF DECEASED (Type or print) First <b>ALBERT</b> Middle <b>H.</b> Last <b>ROEHLING</b>			4. DATE OF DEATH Month <b>June</b> Day <b>3</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 14, 1870</b>	9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk (Retired for years)</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Bernard Roehling</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Kielhold</b>		14. NAME OF HUSBAND OR WIFE <b>Anna Roehling</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>492-12-9180a</b>		17. INFORMANT Address <b>Anna Roehling 4758 Alma Ave.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>arterio-sclerotic heart disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>?</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>arterio-sclerosis (general)</b>			<b>?</b>
	DUE TO (c) <b>428.0</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____					

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <b>April 2, 1956</b> and last saw her/him alive on <b>June 3, 1959</b> Death occurred at <b>11:45 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE <b>H. Schumacher M.D.</b>		(Degree or title)		22b. ADDRESS <b>6811 1/2 Grand Ave</b>		22c. DATE SIGNED <b>6/5/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>June 6, 1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>		23d. LOCATION (City, town, or county) <b>St. Louis Co. Mo.</b>	

24. FUNERAL DIRECTOR <b>Kriegshauser 4228 S. Kingshighway</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>JUN 5 59</b>		26. REGISTRAR'S SIGNATURE <b>Paul Smith, M.D.</b>	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *William B White* .....

Licensed Embalmer No. *4291* .....

P. O. Address *228 S. ...* .....

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.