SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-047374

STATE FILE NUMBER

FILED DEC 13 1961

Registration District No. 13/1961 Primary Registration District No. 544 Registrar's No. 3502

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood — Length of stay in 1b: 1 hr.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Kirkwood — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 10512 Big Bend Rd. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First FRANK Middle F Last ROEDER

4. DATE OF DEATH Dec 9 Month Dec Day 9 Year 1961

5. SEX Male

6. COLOR OR RACE white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 9/26/1902

9. AGE (last birthday) 59 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) owner-operator

10b. KIND OF BUSINESS OR INDUSTRY Retail hardware

11. BIRTHPLACE (City and state or country) Kirkwood Mo.

12. CITIZEN OF WHAT COUNTRY US

13a. FATHER'S NAME George F Roeder

13b. MOTHER'S MAIDEN NAME Mary Wulner

14. NAME OF HUSBAND OR WIFE Emma Roeder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

17. INFORMANT Address Mrs Emma Roeder, 10512 Big Bend Rd. Kirkwood 22 Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) C V A — INTERVAL BETWEEN ONSET AND DEATH 2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 5-10-54, to 12-9-61 and last saw her/him alive on ~~12-10-59~~ 12-9-61
Death occurred at 3:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E McCall MD

22b. ADDRESS Brentwood Mo

22c. DATE SIGNED 12-11-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 12-12-61

23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery

23d. LOCATION (City, town, or county) (State) Kirkwood Mo

24. FUNERAL DIRECTOR Louis H. Bopp Inc ADDRESS Kirkwood Mo

25. DATE RECD. BY LOCAL REG. 12-11-61

26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Francis J. Wyglendt

Licensed Embalmer No. 4512

P. O. Address Kirkwood, Mo

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.