MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-029107
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6930

FILED JUL 31 1962

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 3 Mos.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Firmin Desloge Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: ~~St. Louis~~
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 6922 Ira Avenue
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Frank; Middle B.; Last Roetheli

4. DATE OF DEATH: Month 7; Day 12; Year 62

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7-24-98
9. AGE (last birthday): 63
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): Manager
10b. KIND OF BUSINESS OR INDUSTRY: Kroeger
11. BIRTHPLACE (City and state or country): Berger, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Joseph Roetheli
13b. MOTHER'S MAIDEN NAME: Christina Scheidegger
14. NAME OF HUSBAND OR WIFE: Late Florence Roetheli

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. Paul Roetheli Address: Box 95 Union Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 10 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 204.3

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 9/5/61, to 7/12/62 and last saw him alive on 7/12/62
Death occurred at 6:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Jack Zuckner, M.D. (Degree or title)
22b. ADDRESS: 150 N. Meramec, St. Louis 5, Mo.
22c. DATE SIGNED: 7/13/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal Motor
23b. DATE: 7-16-62
23c. NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery
23d. LOCATION (City, town, or county) (State): Washington, Missouri

24. FUNERAL DIRECTOR: Calvin F. Feutz Funeral Home ADDRESS: 4828 Natural
25. DATE RECD. BY LOCAL REG.: JUL 16 1962
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

Dr.Jack Zuckner
150 n. Meramac
PA 5-8213
Hours:
FRI 1-5 PM
SAT 8-11:45 AM

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 Robert E. Muhlman

Licensed Embalmer No. 4916

P. O. Address St. Louis, 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.