

FEB 12 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

747

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City Saint Louis, Missouri (d) Street No. 3536 Ohio Ave. Registered No. **603**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Pauline Roediger. 326
 (a) Residence, No. 3536 Ohio Ave. St. **24**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Roediger
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 12th, 1861.
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 1 4

8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. House-Work
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Charles Roediger
 (ADDRESS) 3536 Ohio Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wartburg Illinois. DATE January 18, 1938

19. FUNERAL DIRECTOR Ziegandier Bros.
 (ADDRESS) 2523 Cherokee Street.

20. FILED J. Bredeck
 (Address) 790 15 Cherokee St.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 16th, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 28, 1937 to Jan 16, 1938
 I last saw her alive on Jan 14, 1937 Death is said to have occurred on the date stated above, at 5:00 A.M. m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis with Arterio Sclerosis and Hypertension
 Date of onset 1930
 Other contributory causes of importance: Infirmities of advancing age

Name of operation..... Day of.....
 What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify No

(Signed) Therese P. Gault, M. D.

(Address) 790 15 Cherokee St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Juddie A. Ziegenhein., Licensed Embalmer No. 2270.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Juddie A. Ziegenhein

Licensed Embalmer No. 2270.

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.)