REC'D JUN 9 1938

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

16756
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. .....
(b) Township ..... Primary Registration District No. ..... Registered No. 4617
(c) City St. Louis (d) Street No. Deaconess Hospital St.
(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 52 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? 52 yrs. - mos. - ds.

2. PRINT FULL NAME Conrad Roellchen 425
(a) Residence, No. 4028 N. 25th St. St. 2a
(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: Male
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Husband of Ida Roellchen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 16m 1866
7. AGE: YEARS 72 | MONTHS 1 | DAYS 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Filling Sta. man
9. Industry or business in which work was done, as saw mill, bank, etc. Filling Station
10. Date deceased last worked at this occupation (month and year) July 1931
11. Total time (years) spent in this occupation 10

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

FATHER
13. NAME: Bernhardt Boellchen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany 6

MOTHER
15. MAIDEN NAME: Katie Haxrauth 6
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany 6

17. INFORMANT (ADDRESS): Ida Roellchen 4028a N. 25th St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Vallhalla Crematory DATE May 23 1938
19. FUNERAL DIRECTOR (ADDRESS): Suedmeyer & Sons 3934 N. 20th Street
20. FILED MAY 20 1938 19 J. P. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 1938
22. I HEREBY CERTIFY, That I attended deceased from May 16, 1938, to May 19, 1938
I last saw him alive on May 19, 1938 Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	widely [illegible]
Other contributory causes of importance:	
Ischio-rectal abscess	onset [illegible]

Name of operation ..... Date of .....
What test confirmed diagnosis? Examination Was there an autopsy? No

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 .....
(Signed) Robert E. Schlueter, M. D.
(Address) 508 N. Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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, Geo P Schubert, Licensed Embalmer No. 2212

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Geo P Schubert

Licensed Embalmer No. 2212

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)