

REC'D OCT 12 1938

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

30382
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City..... St. Louis

Registration District No. 791
1008

Primary Registration District No. _____ Registered No. 7819

(d) Street No. Josephine Weitekamp Hosp 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 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Roederer

(a) Residence, No. 3928 Kennerly Ave. St. 11 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 Lawrence

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/3/38, 19

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 15th. 1896
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 5 18

22. I HEREBY CERTIFY, That I attended deceased from 35 to 9-3-38, 19
I last saw her alive on 9-3-38, 19. Death is said to have occurred on the date stated above, 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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 _____

Aut. Myocardial Failure Date of onset 9/1
Following Operation
for Ventral Hernia 9/1

12. BIRTHPLACE (CITY OR TOWN) Frankenstein (STATE OR COUNTRY) Mo

FATHER 13. NAME John Koenigsfeld
14. BIRTHPLACE (CITY OR TOWN) Frankenstein (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Mary ??Unknown
16. BIRTHPLACE (CITY OR TOWN) Frankenstein (STATE OR COUNTRY) Mo

17. INFORMANT Lawrence Roederer (ADDRESS) 3928 Kennerly Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Frankenstein Mo DATE 9/5/38

19. FUNERAL DIRECTOR (NAME) Harrigan & Sheahan Und Co (ADDRESS) 4415 Washington Blvd.

20. FILE SEP - 3 1938 J. D. Bruck Local Registrar.

Other contributory causes of importance: _____

Name of operation Hernioplasty Date of _____
What test confirmed diagnosis? Clinic Exam 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 _____
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? No
If so specify _____
(Signed) Walter H. Hoff
(Address) 1700 Tower Drive

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

*Dr. Hooper
1700 E. Tenth Street
Pr 5172*

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

Registered Apprentice No., working under my personal supervision.

Signed.....

Guy W. Wilkinson

Licensed Embalmer No. *3575*

P. O. Address.....

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 this body is not embalmed, above space should be left blank.