

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

4368
Do not use this space.

REC'D MAR 13 1939

791
1003

1061

1. PLACE OF DEATH

(a) County..... Registration District No.....

(b) Township..... Primary Registration District No.....

(c) City..... St. Louis Mo. (d) Street No. City Hospital No 1 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Oliver L Roeder

(a) Residence, No. 3229 Montgomery St 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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
Male	White	Separated		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susan Roeder				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7th 1871				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
67	8	24		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Day Laborer			
	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) St. Louis (STATE OR COUNTRY) Mo.				
FATHER	13. NAME Philip Roeder			
	14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME Amanda Senewald			
	16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.			
17. INFORMANT Erwin Roeder (ADDRESS) 3015 Wyoming St				
18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia DATE Feb 3 1939				
19. FUNERAL DIRECTOR (NAME) Thos. Leutis (ADDRESS) 5909 Gravois Ave.				
20. FILED FEB 1939 J. D. Budeck Local Registrar.				

~~MEDICAL CERTIFICATE OF DEATH~~

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-31 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:45 PM.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cardiac Hypertrophy

Prostatic Hypertrophy

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____

(Signed) *Joseph M. Dunk* M.D.
Joseph M. Dunk (Address) _____

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

THOS .KUTIS .

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Thos Kutis

Licensed Embalmer No. 1619

P. O. Address 2906 Gravois Ave.

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.