MAY 31 1939

REC'D JUN 8 1939

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

19709
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis
(b) Township ~~Clayton~~
(c) City Clayton
Registration District No. 784
Primary Registration District No. 101
Registered No. 981
(d) Street No. St. Louis County 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 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 62e Anna C. Roehrig
(a) Residence, No. 9028 Argyle Avenue St. Overland, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

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 Edward C. Roehrig
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8-1866
7. AGE: Years 72 | Months 6 | Days 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) 12/1/3
11. Total time (years) spent in this occupation 40 Yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Clair, Mo.

FATHER
13. NAME George Lacas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Mo.

MOTHER
15. MAIDEN NAME Larenda Terry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Mo.

17. INFORMANT Edward C. Roehrig
(ADDRESS) 9028-Argyle Overland, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington, Mo. DATE 6-1-39 19
19. FUNERAL DIRECTOR Baumann Bros. Inc.
(ADDRESS) 2504-Woodson Rd. Overland, Mo.
20. FILED MAY 31 1939 19 D. R. Meyer M.D. Local Registrar. 7.7 (Address)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1939
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7.00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental fall on floor of own home	4/17/39
Other contributory causes of importance: 186a Fracture of the left hip--4/17	

Name of operation ..... Date of .....
What test confirmed diagnosis physical signs Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 4/17/39
Where did injury occur? Overland, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Home
Nature of injury Fall on floor Fractured L. Hip
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) John Howell M.D. Coroner of St. Louis County, Mo.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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 Oscar F. Mueller

Licensed Embalmer No. 3039

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