

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.

REC'D JUN 8 1939

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

19870
 Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township Carondelet Primary Registration District No. 200 Registered No. 920
 (c) City St. Louis (d) Street No. 61 Highway at South Afton, Mo. St. Mo.
 (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 Louis Roehr

(a) Residence, No. 61 Highway Route 14 Afton, Mo. St. Mo. (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 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 Elisabeth Roehr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9, 1861

7. AGE YEARS 77 MONTHS 8 DAYS 10 If LESS than 1 day,hrs. ormin.

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

12. BIRTHPLACE (CITY OR TOWN) Hebilla, (STATE OR COUNTRY) St. Louis Co. Mo.

FATHER 13. NAME Henry Roehr
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Mary Heufmeyer
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Elisabeth Roehr
Route #14 Afton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old St. John Cem. DATE May 21, 1939

19. FUNERAL DIRECTOR (NAME) C. Hoffmeister U. & L. Co.
 (ADDRESS) 7814 S. Broadway

20. FILED MAY 20 1939 R. May Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1939

22. I HEREBY CERTIFY That I attended deceased from May 15, 1939, to May 19, 1939
 I last saw him alive on May 18, 1939. Death is said to have occurred on the date stated above, at 6:50 A.M.
 The principal cause of death and related causes of importance were as follows:

Date of onset 5/15/39

apoplexy
Cerebral Embolism

Other contributory causes of importance: arterio sclerosis
chronic myocarditis

1937
 1937

Name of operation Date of
 What test confirmed diagnosis? 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? no
 If so, specify Stroke
 (Signed) Richard J. ... M. D.
 (Address) Saffington Mo.

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.....

..... Licensed Embalmer No.....

..... 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.