

SEP 14 1939

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital #1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Frederick Roemer 560

3. (b) If veteran, name war Spanish Amer
3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased About 57-2222 2-10-1876
(Month) (Day) (Year)

8. AGE: Year 63 Months 6 Days 0
57-23 hr. _____ min. _____
If less than one day

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Inspector

11. Industry or business American Brake Co

MOTHER FATHER
12. Name Charles A. Roemer
13. Birthplace Unknown New York
(City, town, or county) (State or foreign country)
14. Maiden name Anna Smith
15. Birthplace Pacific Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edward Roemer
(b) Address: 5024 Kennsington Ave.,

17. (a) Burial (b) Date thereof 8/14/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Albert H Hoppe
(b) Address 4700 Washington Blvd.,

19. (a) AUG 11 1939 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 23 5024 Kennsington Ave.,
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10
year 1939 hour 12 minute 36 P.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Skull, Epidural Hematoma, Compression of Brain
Bronchopneumonia and Chronic Hepatitis
Developed when struck by railroad train passing through
residence 219-638 at intersection of Kennsington & Kennsington
about 2:10 PM. May 20, 1939
Other conditions _____
(Include pregnancy within 3 months of death)
Wife being operated by Kellerman

Major findings: Blunt
Operations _____
Of autopsy 210 W
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Crushed Car
(b) Date of occurrence May 20 1939
(c) Where did injury occur? St Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
(Specify type of injury) _____
While at work _____ (e) Means of injury Auto

23. Signature Joseph M. Deacon
Address 10 Deputy Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39
U.S. GPO: 1935

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Elliot G. Kupper

Licensed Embalmer No. *2971*

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.