DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
SEP 14 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27652

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 7152

1. PLACE OF DEATH:

(a) County

(b) City or town St, Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Little Sisters Poor 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1½ Years (Specify whether years, months or days)

In this community 84 Years

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. Grand&Cherkee
3400 So Kingshighway Blvd

(e) If foreign born, how long in U.S.A.? years.

3. (a) PRINT FULL NAME Anna Roehr

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Female

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 Jan (Month) 6 (Day) 1855 (Year)

8. AGE: Years 84 Months 7 Days 10 If less than one day hr. min.

9. Birthplace St, Louis (City, town, or county) 0 (State or foreign country)

10. Usual occupation Maid 0

11. Industry or business 0

FATHER
12. Name Henry Roehr
13. Birthplace St, Louis (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Clara Marie Heggemann
15. Birthplace St, Louis (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Sommers
(b) Address 3803 Utah Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/18/39 (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Peter&Paul

18. (a) Signature of funeral director Oscar J. Hoffmeister
(b) Address 4016 Chippewa

19. (a) AUG 17 1939 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 16 day
year 1939 hour 2.30 minute P M.

21. I hereby certify that I attended the deceased from Aug. 12, 1939, to Aug. 16, 1939, that I last saw her alive on Aug 13, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of stomach.	1 yr
Due to Degeneration Myocardial	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — 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)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature L. A. Nester (M. D. or other)
Address 439 Bates Date signed 8/17/39

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 8-17-39
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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 Ernest W. Spillers

Licensed Embalmer No. H080

P. O. Address 3528 Russell Pl.

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.