

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH: **FED MAR 12 1940**
 (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: **Jewish Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **25 Days**
 (Specify whether _____)
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County _____
 (c) City or town **St. Louis** **17**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **3431 Crittenden St**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Jennie S. Roehm**
 3. (b) If veteran, name war *********
 3. (c) Social Security No. *********
 4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widow**
 6. (b) Name of husband or wife **Charles L. Roehm**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **November 25 1863**
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **7th** day **February**
 year **1940** hour **11:57** minute **P.** M.
 21. I hereby certify that I attended the deceased from **June 1888**, to **Feb. 7**, 19**40**
 that I last saw her alive on **Feb. 7**, 19**40**
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
76 **2** **13** hr. min.
 9. Birthplace **Illinois**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **At Home**
 11. Industry or business _____
 MOTHER FATHER { 12. Name **John Sims**
 13. Birthplace **Unknown**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Emily Lytle**
 (City, town, or county) (State or foreign country)
 15. Birthplace **Unknown**
 (City, town, or county) (State or foreign country)

Immediate cause of death **arteriosclerotic heart disease**
 Due to **Generalized arteriosclerosis**
diabetes mellitus
 Due to _____
 Other conditions **Erysipelas (Jan 28 - Feb 5)**
 (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature **Mrs. M. Probert**
 (b) Address **3431 Crittenden St**
 17. (a) **Burial** (b) Date thereof **February 12**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Friedens Cemetery**
 18. (a) Signature of funeral director **Peetz Brothers**
 (b) Address **3029 Lafayette Ave**
 19. (a) **FEB 10 1940** (b) _____
 (Date received local registrar)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 23. (a) Where did injury occur? _____ (City or town) (County) (State)
 (b) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____ (Specify type of place)
 (c) Means of injury _____
 28. Signature **Henry Rosenfeld** (M. D. or other) _____
 Address **508 N. Grand** Date signed **2/10/40**

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.

NOV. 27-1939
1 X 10811

Mr Henry Rosenfeld
Metropolitan Room 132
4 to 6
Clemens Park Hotel
9 to 11 A.M.

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 Frank J. Owen

Licensed Embalmer No. 2245

P. O. Address St Louis Mo

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.