

**DEAD** MAY 15 1940

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

**3623**

**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:  
**Christian Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **4 day's**  
(Specify whether  
In this community **50 Years**  
years, months or days)

3. (a) PRINT FULL NAME **Elesa Roettger**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **491-14-6773**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**  
6. (b) Name of husband or wife **Henry Roettger** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **April 8<sup>th</sup> 1871**  
(Month) (Day) (Year)

8. AGE: Years **69** Months **0** Days **13** If less than one day hr. \_\_\_\_\_ min.

9. Birthplace **Johannesburg, Ill.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Seamstress**

11. Industry or business **Forrest City Mfg. Co.**

12. Name **Henry Krewinghaus**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Elizabeth Kohlweh**  
15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Fred Dau**  
(b) Address **5324 Queens Ave.**

17. (a) **Burial** (b) Date thereof **Apr. 23, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Concordia Cemetery**

18. (a) Signature of funeral director **Wm. A. Paschides**  
(b) Address **2825 N. Grand Blvd.**

19. (a) **APR 22 1940**  
(Date received local registrar)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5324 Queens Ave.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **April** day **21**  
year **1940** hour **10** minute **15A** M.

21. I hereby certify that I attended the deceased from **Feb. 28**  
19**39**, to **April 21**, 19**40**  
that I last saw her alive on **April 20**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Hypertrophy**  
Duration **14 mos.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Myocardial Stenosis**  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations **972**  
Of autopsy \_\_\_\_\_  
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 **J. J. Mullins** (M. D. or other) \_\_\_\_\_  
Address **3825 N. 20<sup>th</sup>** Date signed **4/22/40**

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

MOTHER FATHER

**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 J. J. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

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

**If this body is not embalmed, above space should be left blank.**