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FILED JAN 8 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43843

State File No. _____

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2311

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Manchester, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Manchester Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Dec 2 1940
(Specify whether years, months or days)

In this community over twenty years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Reverend Gardens
(If outside city or town limits, write "RURAL")

(d) Street No. Madison Ferry Road
(If rural, give location)

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

3. (a) PRINT FULL NAME Roever Charles -

3. (b) If veteran, name war no

3. (c) Social Security No. NO -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6th
year 1940 hour three minute 45 P. M.

4. Sex male 5. Color or race wh.

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 27 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from November 12 1940, to Dec 2 1940
that I last saw him alive on Dec 2nd, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

79 3 9 _____ hr. _____ min.

Immediate cause of death cardiac decompensation Duration four months

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

Due to arteriosclerotic heart disease Sev. yrs.

10. Usual occupation farmer

Due to _____

11. Industry or business 7

Other conditions (Include pregnancy within 3 months of death) 9/5/2

12. Name Louis Roever 7

13. Birthplace Holland
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

14. Maiden name Margaret Geiger

15. Birthplace Pavaria
(City, town, or county) (State or foreign country)

Of autopsy _____

16. (a) Informant John W. Asinger

(b) Address 13951 College

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

17. (a) Removal (b) Date thereof 12-9-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

18. (a) Signature of funeral director W. Richter

(b) Address 3570

19. (a) DEC 9 1940 (b) R. Myers
(Date received local registrar) (Registrar's signature)

(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? _____

While at work? (Specify type of place) (e) Means of injury _____

(Licensed Embalmer's Statement on Reverse Side)

23. Signature L. Kimmom (M. D. or other) M.D.
Address St. Louis Co. Mo. Date signed _____

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

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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.....

Licensed Embalmer No.....

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, fact should be so stated above.