

No. 2
4-13-40
5-17-39
I X23159

Registration District No. 1791

Primary Registration District No. 1003

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

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: City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 hours
(Specify whether years, months or days)

In this community 63 years

3. (a) PRINT FULL NAME ROBERT ROENTGEN

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Elizabeth

(c) Age of husband or wife if alive 58 years

7. Birth date of deceased December 5, 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	2	3	hr. min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate Agent

11. Industry or business _____

12. Name Robert Roentgen

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

14. Maiden name Unknown

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

16. (a) Informant Edith Hoise

(b) Address 2625 Accorac Street

17. (a) burial (b) Date thereof Feb 10, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) FEB 9 1941 (b) J. H. Brecker
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1822 Schild Avenue
(If rural, give location)

(e) Residence years.

20. DATE OF DEATH: Month February day 8
year 1941 hour 5 minute a.m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Sclerosis
Januany Pedema

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? 3

While at work? _____
(Specify type of place)

(e) Means of injury _____

23. Signature James J. Piffman (M.D. or other) _____

Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Paul A. Keith

Licensed Embalmer No.

36131

P. O. Address

2317 Lafayette

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, fact should be so stated above.