

No. 2
4-13-40
5-17-39
P-1 X23159

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16657

State File No.

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **4175**

1. PLACE OF DEATH:

(a) County.....

(b) City or town.....

(c) Name of hospital or institution:
Deaconess Hospital

(d) Length of stay: In hospital or institution.....

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**

(c) City or town **St. Louis**

(d) Street No. **6224 Oakland Av.**

(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **Adolph F. Roedder**

(b) If veteran, name war.....

(c) Social Security No. **497-05-9347**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **17** year **1941** hour **4** minute **A** M.

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Mary A. Roedder**

6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased: **July 15 1885**

21. I hereby certify that I attended the deceased from **Dec 1**, 19**40**, to **May 17**, 19**41**; that I last saw him alive on **May 16**, 19**41**; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	55	10	2hr.min.

Immediate cause of death: **Coronary Apoplexy**

Due to: **Myocardial Chronic Interstitial with Hypertension**

9. Birthplace: **Mo.**

10. Usual occupation: **Auditor**

Other conditions: **None**

Major findings: **None**

11. Industry or business: **Arena Am. Co.**

12. Name: **Charles Roedder**

13. Birthplace: **Unknown**

14. Maiden name: **Louise Unknown**

15. Birthplace: **Unknown**

Of autopsy: **None**

PHYSICIAN: **None**

16. (a) Informant: **Mary A. Roedder (Wife)**

(b) Address: **6224 Oakland Ave.**

17. (a) **Burial** (b) Date thereof: **May 20 1941**

(c) Place: burial or cremation: **MEMORIAL Park Cem.**

18. (a) Signature of funeral director: **Drehmann Harral**

(b) Address: **1905 Union Blvd.**

19. (a) **MAY 19 1941** (b) **J. B. Bredich**

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?.....

(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.....

23. Signature: **J. B. Bredich** (M. D. or other) **0**

Address: **203 Beaumont Bldg.** Date signed: **5/17/41**

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

MOTHER FATHER

3720 Wash.

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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address.....

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.