

Registration District No. 7911

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, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 8 Days  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town. St. Louis 26 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2108 N. 14th.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Adam Roedersheimer

3. (b) If veteran, name war ---- 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife. Mary Roedersheimer 6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased. October 14, 1861  
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 17 If less than one day hr. min.

9. Birthplace. Prairie Du Rocher, Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation. Teamster

11. Industry or business. Own Business

12. Name. Unknown

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

14. Maiden name. Unknown

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

16. (a) Informant. Earl Roedersheimer

(b) Address. Belleville, Illinois

17. (a) Removal (b) Date thereof. 9/2/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Belleville, Ill.

18. (a) Signature of funeral director. W. H. Baldwin

(b) Address. St. Louis, Mo.

19. (a) SEP 3 1941 (b) J. Beck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1  
year 1941 hour 8:55 minute P. M.

21. I hereby certify that I attended the deceased from August 25, 1941 to September 1, 1941; that I last saw him alive on September 1, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death. Atherosclerotic Heart Disease

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

Other conditions. Ag  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy. not done

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?

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

23. Signature. W. H. Baldwin M.D. (M. D. or other)  
Address. 1515 Lafayette Ave. Date signed 9/1/41

**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 *me*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *Ben H. Baldwin*

Licensed Embalmer No. *2420*

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, fact should be so stated above.**