

H2401
U. S. No. 2
DM-9-4-41
Rev. 5-17-39
I X29484

16598

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. **4943**

FILED JUN 15 1942 791
Registration District No.

Primary Registration District No. **1003**

000
17
9
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**
(If not in hospital or institution, write street number or location)

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

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis** **26 17 9**
(If outside city or town limits, write "RURAL")

(d) Street No. **2313 N. 10th St.**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country..... **0**

3. (a) PRINT FULL NAME **George Roeslein**

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

3. (c) Social Security No. **Nil**

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

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

6. (b) Name of husband or wife..... **Unknown**

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

7. Birth date of deceased **March 12, 1870**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	2	23	hr. min.

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

10. Usual occupation..... **Nil**

11. Industry or business.....

MOTHER FATHER

12. Name..... **Carl Roeslein**

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

14. Maiden name..... **Henrietta ?**

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

16. (a) Informant **George Waters**

(b) Address **7514 Folk Ave, Maplewood, Mo.**

17. (a) **Burial** (b) Date thereof **6/8/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. John's Cemetery**

18. (a) Signature of funeral director **Edith E. Ambruster**

(b) Address **4234 Manchester**

19. (a) **JUN 6 1942** **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **5**, year **1942** hour **6:35** minute **Am.**

21. I hereby certify that I attended the deceased from **May 29**, 19 **42** to **June 5**, 19 **42**
that I last saw him alive on **June 5**, 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerosis**
Heart Disease

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
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?
While at work..... (Specify type of place)
(r) Means of injury.....

23. Signature **J. F. Brudeck** (S. D. or other) **6/5/42**
Address **1515 Lafayette Avenue** Date signed

844 (Licensed Embalmer's Statement on Reverse Side)

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.....

Flora Eymck

Licensed Embalmer No.....

7284

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.