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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34881

State File No.

FILED NOV 6 1942

Registration District No. 78 — Primary Registration District No. 109 — Registrar's No. 2146

1. PLACE OF DEATH:
(a) County ST LOUIS
(b) City or town MAPLEWOOD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7618 LOHMEYER AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 21 YRS.

2. USUAL RESIDENCE OF DEACESED:
(a) State MISSOURI (b) County ST LOUIS
(c) City or town MAPLEWOOD
(If outside city or town limits, write "RURAL")
(d) Street No. 7618 LOHMEYER
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No) O
If yes, name country —

3. (a) PRINT FULL NAME EMIL ROEGER
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWER
6. (b) Name of husband or wife EMMA ROEGER
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased SEPTEMBER (Month) 3RD (Day) 1860 (Year)

8. AGE: Years 82 | Months 1 | Days 11 | If less than one day — hr. — min.

9. Birthplace SAXONY (City, town, or county) GERMANY (State or foreign country)
10. Usual occupation CARPENTER
11. Industry or business RETIRED

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant Otto Roeger
(b) Address 7618 LOHMEYER AV.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT-16-1942 (Month) (Day) (Year)
(c) Place: burial or cremation SUNSET BURIAL PARK
18. (a) Signature of funeral director Parker and Co
(b) Address WEBSTER GROVES MO.
19. (a) OCT 16 1942 (Date received local registrar) (b) C. G. McGarry M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14 year 1942 hour 1 minute 45 P. M.
21. I hereby certify that I attended the deceased from 1938, 19..., to Oct. 14, 1942, that I last saw him alive on Oct. 14, 1942, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	2 wks
Due to Infirmities of age	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Theo. F. Riel (M. D. or other)
Address 7465 Hazel Date signed 10/15/42

701 (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.....C C Aldrich.....

Licensed Embalmer No.....1332.....

P. O. Address.....Webster Grove 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.