

ED APR 19 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3140

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Christian Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 008  
(c) City or town St. Louis 13  
(If outside city or town limits, write "RURAL") 79  
(d) Street No. 4505A Adelaide Ave.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 1  
year 1943 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec 1941  
1942 to Apr. 1, 1943  
that I last saw h. alive on \_\_\_\_\_, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension  
subventricular

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

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

Other conditions 9/4  
(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)  
(e) Means of injury \_\_\_\_\_

23. Signature Wm. R. ... (M. D. or other) \_\_\_\_\_  
Address 1918 East 88th Date signed \_\_\_\_\_

3. (a) PRINT FULL NAME Anna D. Roevekamp

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 494-10-5237

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 7 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 5 24 hr. min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Secretary

11. Industry or business Vane-Calvert Paint Co.

12. Name Fred Roevekamp

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

14. Maiden name Louise Weideman

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

16. (a) Informant C. E. Roevekamp

(b) Address 4551A Mary Ave.

17. (a) Burial (b) Date thereof 4-5-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd

19. (a) APR 2 1943 (b) J. F. ...  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

707

1919 E. Howard  
9-10-21-3

**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.**