

FILED JAN 4 1943

Registration District No. _____ Primary Registration District No. **1003**

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

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:
Good Samaritan Altenheim 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year + (Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Gustav Roediger

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced, Widower

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased July 17, 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Millstadt, Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Street Car Shop

11. Industry or business _____

MOTHER FATHER

12. Name Fred Roediger

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

14. Maiden name Margaret Ulrich

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

16. (a) Informant Rev. J. H. Overbeck

(b) Address 4500 Washington Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Luth Cem.

18. (a) Signature of funeral director Paschedag-Henke Fun Home

(b) Address 2825 N. Grand Blvd.

19. (a) DEC 29 1943 (Date received local registrar) (b) J. J. B... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17

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

(d) Street No. 4500 Washington Blvd.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28th
year 1943 hour 12 minute 05 P.M.

21. I hereby certify that I attended the deceased from Dec 24 1943, to Dec 28 1943
that I last saw him alive on Dec 27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 4 days

Due to _____

Due to _____

Other conditions arteriosclerosis
(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 J. F. Bergman (M. D. or other) M.D.

Address 3720 Washington Date signed 12/28/43

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..... *W. Wilkinson*

Licensed Embalmer No..... *3575*

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.