

FILED DEC 22 1943 318

Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4920 Harney Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Since Birth** (Specify whether)
years, months or days)

3. (a) PRINT FULL NAME **KATHERINE M. ROEHRIG**

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

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

6. (b) Name of husband or wife **Christian A. Roehrig** 6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **July 1, 1878**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 5 4
hr. min.

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

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER { 12. Name **George C. Huth**
13. Birthplace **G Germany 4**
(City, town, or county) (State or foreign country)
14. Maiden name **Katherine Fischer**
15. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Christian A. Roehrig**
(b) Address **4920 Harney Avenue**

17. (a) **Cremation** (b) Date thereof **12/9/1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Crematory**

18. (a) Signature of funeral director **Math. Hermann & Son**
(b) Address **2161 East Fair Avenue**

19. (a) **DEC 8 1943** (b) **J. F. Brudick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **0001**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL") **97**
(d) Street No. **4920 Harney Avenue**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **5**
year **1943** hour **11** minute **15** PM M.

21. I hereby certify that I attended the deceased from **Nov. 30**
19.43 to **Dec 5**, 19.43

that I last saw her alive on **Dec 5**, 19.43
and that death occurred on the date and hour stated above.

Immediate cause of death **chronic myocarditis**
Duration **Don't know**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) (Country) (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 **R. Q. Menoun** (M. D. or other) **M.D.**
Address **5330 Geraldine** Date signed **12/7/43**

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

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 William G. Buchholz

Licensed Embalmer No. 2110 J

P. O. Address St. Louis 97

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.