

V. S. No. 2
DOM-8-43
ev. 5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED AUG 8 1944

STANDARD CERTIFICATE OF DEATH

State File No. 23381

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6722

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

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:
MO. BAPTIST O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 DAYS
(Specify whether years, months or days)

In this community ALL HIS LIFE

3. (a) PRINT FULL NAME RALPH JOHN ROEDER

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE Color or race WHITE

5. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JEANNETTE ROEDER alive 59 years

6. (c) Age of husband or wife if deceased 1883

7. Birth date of deceased MAY 1883
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------------|
| <u>61</u> | <u>2</u> | <u>12</u> | <u>—</u> hr. <u>—</u> min. |

9. Birthplace ST LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation LAWYER

11. Industry or business _____

12. Name JOHN B. ROEDER

13. Birthplace ST LOUIS MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name KATHERINE REISS

15. Birthplace ST LOUIS MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Frank R Roeder

(b) Address 14 W JACKSON RD.

17. (a) BURIAL (b) Date thereof AUG 2-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BELLEFONTAINE-CEM.

18. (a) Signature of funeral director Parker and Co

(b) Address 15 W LOCKWOOD WEBSTER GROVES

19. (a) AUG 2 1944 (Date received local registrar)
J. F. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS

(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")

(d) Street No. 212 SELMA AVE.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 1 year _____ hour 2 minute 5A M.

21. I hereby certify that I attended the deceased from several months, 1944, to 8/1/44, 1944;
that I last saw him alive on 7/3/44, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Perforation duodenal ulcer

Duration 1 day

Due to _____

Due to _____

Other conditions Advanced coronary sclerosis
(Include pregnancy within 3 months of death)

Major findings: deep kidney cystic

Of operations none

Of autopsy As above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(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 Francis P. Saint (M. D. or other) md

Address 13 N Gore, Webster Groves Date signed 8/1/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. F. H. Gammitt

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 Leslie Welch Registered Apprentice No. 362 working under my personal supervision.

Signed G. L. Aldrich
Licensed Embalmer No. 1332
P. O. Address Webster Groves

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.