

S. No. 2
OM-5-43
ev. 5-17-39
I X36671

FILED JUN 6 1946
Registration District No. **318**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
127715

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:
4912 Labadie Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community..... 64 Years
years, months or days)

3. (a) PRINT FULL NAME Emma K. Roediger

3. (b) If veteran, name war..... No

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 Jacob C. Roediger

6. (c) Age of husband or wife if alive..... 85 years

7. Birth date of deceased November 11, 1860.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>6</u>	<u>11</u>	hr. _____ min.

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

10. Usual occupation Housework.

11. Industry or business

12. Name Henry Oldendorph

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

14. Maiden name Elizabeth Seibert

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

16. (a) Informant John E. Roediger

(b) Address 4912 Labadie Ave.

17. (a) Burial (b) Date thereof May 25, 1946.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) MAY 24 1946 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4912 Labadie Ave.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22, 1946.
 year 1946 hour 12:40 minute P. M.

21. I hereby certify that I attended the deceased from April 6 to May 22, 1946
 that I last saw her alive on May 22, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cardiac failure - acute
Sensitivity

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) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ Means of injury.....
 23. Signature Raymond B. Sunderman
 Address 4912 Labadie Ave. Date signed May 24 1946

Duration.....
 PHYSICIAN.....
 Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No. *4186*

P. O. Address *St. Louis 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.