

No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29968**
Registrar's No. **1898**

Registration District No. **377** Primary Registration District No. **6076**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Lamay**
(c) Name of hospital or institution:
1121 Scott Drive Jeff. Bks. Housing Area
(d) Length of stay: **30 days**
In this community **30 days**

3. (a) PRINT FULL NAME **Louise R. Roettig**
(b) If veteran, name war **no**
(c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **John Roettig**
6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **October 1 1893**

8. AGE: Years **53** Months **11** Days **3**
If less than one day **hr. min.**

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Albert Brehme**
13. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Ida Kamper**
15. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

16. (c) Informant **John H. Roettig**
(b) Address **4458 Morganford ave.**

17. (a) **Burial** (b) Date thereof **Sept. 8-47**
(c) Place: burial or cremation **New St. Marcus Cem.**

18. (a) Signature of funeral director **C. Hoffmeister U. & L. Co.**
(b) Address **7814 S. Broadway**

19. (a) **7-6-47** (b) **Beverly Sharp MD**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **000**
(c) City or town **St. Louis**
(d) Street No. **4458 Morganford**
(e) Citizen of foreign country? **no**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept.** day **4** year **1947** hour **6** minute **35 P.**
21. I hereby certify that I attended the deceased from **April 26**, 19**47**, to **September 4**, 19**47**; that I last saw her alive on **September 4**, 19**47**; and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Cecum** Duration **Dec 1944 +**
Due to **462**
Other conditions:
Major findings: **Carcinoma of Cecum**
Of operations: **Carcinoma of Cecum**
Of autopsy: **Carcinoma of Cecum**

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (g) Means of injury
23. Signature **Dermond T. Rogan** (M. D. or other) **MD**
Address **7553 Morganford Road** Date signed **9/5/47**

Dr. Bernard T. Koon
4755 a Morganford ave.
12 to 3 p.m. HU 3434

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

Harry J. Schumacher

Licensed Embalmer No.

2679

P. O. Address

7814 T. Broadway

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.