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5-17-39  
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THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2144  
Registrar's No. 5

FILED JAN 24 1948

Registration District No. 310 Primary Registration District No. 305.8

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

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
711 North Fifth Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community Life time  
years, months or days

3. (a) PRINT FULL NAME Henry H. Roedenbeck

3. (b) If veteran, name war NIL

3. (c) Social Security No. NIL

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased June 19 1866  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>6</u>	<u>14</u>	hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business American Car & Fdy Co

12. Name C. R. Roedenbeck

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

14. Maiden name Anna Heidbrink

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

16. (a) Informant Mrs. Louise Bernhoerster

(b) Address 711 N. 5th - St. Charles, Mo.

17. (a) burial (b) Date thereof Jan 7 - 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cemetery, St. Charles, Mo.

18. (a) Signature of funeral director H. L. Dallmeyer & Sons

(b) Address 800 N. 2nd - St. Charles, Mo.

19. (a) 1-15-48 (b) Harriet Brunner  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

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

(d) Street No. 711 North Fifth Street  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3  
year 1948 hour 7:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from October  
1947, to Jan. 3 1948.

that I last saw him alive on Dec. 12 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death acute pulmonary edema (cor pulmonale) Duration 6 hrs.

Due to arteriosclerotic heart disease and coronary insufficiency 10 yrs

Due to obesity

Other conditions obesity, carbonic of lungs  
(Include pregnancy within 3 months of death)

Major findings: obesity (grossa caputata) PHYSICIAN \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 513

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 \_\_\_\_\_

Signature Dr. F. F. ... (M. D. or other) \_\_\_\_\_

Address St. Charles, Mo. Date signed 1/5/48

RECEIVED  
Director, Health Commission  
District No. \_\_\_\_\_  
Director's Name \_\_\_\_\_  
Date Filed 1/23/48

**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 \_\_\_\_\_  
Herbert C. Dallmeyer, Registered Apprentice No. 429  
working under my personal supervision.

Signed Joseph I. Landolt  
Licensed Embalmer No. 4189  
P. O. Address St. Charles

**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.**