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Rev. 5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 11 1948 818
Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1008

State File No. 41789
Registrar's No. 10880

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: 4735 Ray 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 years, months or days)

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. 4735 Ray Ave.
(If rural, give location)
15
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Roedel
3. (b) If veteran, name war ---
3. (c) Social Security No.
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 Sept. (Month) 14 (Day) 1879 (Year)

8. AGE: Years 69 Months 3 Days 0 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name George Roedel
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Sophia Lanfer
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Anna Doerr
(b) Address 4735 Ray Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery
18. (a) Signature of funeral director Wacker-Helderle
(b) Address 3634 Gravois Ave.
19. (a) DEC 16 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14 year 1948 hour 12 minute 05 P.M.
21. I hereby certify that I attended the deceased from Nov 30, 1948 to Dec 14, 1948, that I last saw him alive on Dec 13, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Auricular fibrillation	2 wks.
Due to Chr. myocarditis	7 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature T. Schneider (M. D. or other) MD
Address 2026 So 8th Date signed 12/15/48

(Licensed Embalmer's Statement on Reverse Side)

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 Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 3634 Gravois

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.