

FILED MAY 19 1949

STANDARD CERTIFICATE OF DEATH

State File No. 16969

92

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

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>95</u>		
1. PLACE OF DEATH a. COUNTY <u>St Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Charles</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Charles</u>		c. LENGTH OF STAY (in this place) <u>10 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Charles</u>		17		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1628 Bennett St</u>				d. STREET ADDRESS (If rural, give location) <u>1628 Bennett</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>C.</u>		c. (Last) <u>Roederer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 20 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 6 1895</u>		
9. AGE (in years last birthday) <u>53</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____		IF UNDER 1 YEAR _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Superintendent</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Foundry</u>			11. BIRTHPLACE (State or foreign country) <u>Clark County Ind. /</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Leonore Landis Roederer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>303-09-4813</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Leonore Roederer 1628 Bennett</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs</u> ANTECEDENT CAUSES <u>Essential Hypertension</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Urue pneumonia</u> Conditions contributing to the death but not related to the disease or condition causing death. ? <u>4201</u> <u>2 Wks.</u>						
19a. DATE OF OPERATION <u>No</u>		19b. MAJOR FINDINGS OF OPERATION <u>No</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>3/27</u> , 19 <u>49</u> , to <u>4/20</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4/20</u> , 19 <u>49</u> and that death occurred at <u>3:40</u> a.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Ralph O. Hayden MD</u>				23b. ADDRESS <u>St. Charles, Mo</u>		23c. DATE SIGNED <u>4/21/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 23 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jeffersonville Ind.</u>		24d. LOCATION (City, town, or county) (State) <u>Jeffersonville Ind.</u>		
DATE REC'D BY LOCAL REG. <u>5/19/49</u>		REGISTRAR'S SIGNATURE <u>Francis H. Hackett</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>284 Warkmann</u>		ADDRESS <u>St. Charles Mo</u>		

RECEIVED
District Health Officer No. 9,
District File Number
MAY 18 1949
Date Filed

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Charles J. Naecke

Signed _____
Student Embalmer

Licensed Embalmer No. 4530

P. O. Address St. Charles, 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.