

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14937

State File No. _____

3795

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY St. Louis,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) 6600 Virginia Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6600 Virginia Ave.		e. STREET ADDRESS (If rural, give location) 6600 Virginia Ave.	

3. NAME OF DECEASED a. (First) Annie b. (Middle) _____ c. (Last) Roeben			4. DATE OF DEATH (Month) (Day) (Year) Apr. 23, 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 2, 1857	9. AGE (In years last birthday) 92	10. IF UNDER 1 YEAR (Month) (Day) (Year) 10 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Germany	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME ? Puers		13b. MOTHER'S MAIDEN NAME Ida ?		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME R.C. Lambur ADDRESS 6600 Virginia Ave.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH Chronic	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerosis		Chronic	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Seruitly			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) : _____ (COUNTY) _____ (STATE) 4221	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 **April 18, 1948**, to **Apr 23, 1950**, that I last saw the deceased alive on **Apr 21, 1950**, and that death occurred at **11:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Roy C. Ruppert m he (Degree or title) _____		23b. ADDRESS 7702 Grove Ave		23c. DATE SIGNED 4/24/50	
24a. BURIAL, CREMATION, REINTERMENT (Specify) Burial		24b. DATE April 26,		24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo					

DATE REC'D BY LOCAL REG. Apr 25 1950		REGISTRAR'S SIGNATURE J. B. Fasator		25. FUNERAL DIRECTOR'S SIGNATURE Fandler Und., Co. ADDRESS 7420 Michigan Ave	
---	--	--	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 30 1951

Handwritten signature

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.

Student _____
Student Embalmer

Signed *W E Morris*

Licensed Embalmer No. *3860*

P. O. Address _____

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.