

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 219522  
Registrar's No. 5417

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE		b. COUNTY		
b. CITY OR TOWN <u>ST Louis</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>St. Louis 2219</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u>		d. STREET ADDRESS (If rural, give location) <u>2840 S Stoddard</u>				
3. NAME OF DECEASED (Type or Print) <u>William Lee Roekoman Jr.</u>		a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>June 19, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Oct 22, 1881</u>	9. AGE (Years, Months, Days) (If under 1 year, specify hours and minutes) <u>68</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Miss!</u>	12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>William Roekoman</u>		13b. MOTHER'S MAIDEN NAME <u>Dora ?</u>		14. NAME OF HUSBAND OR WIFE <u>...</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Oliver 2840 Stoddard</u>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal hemorrhage of right leg and pelvis suffered when struck by automobile driven by one Stanley Camp (col) near intersection of E. 6<sup>th</sup> and Ewing Aves., about 10:00 pm June 18, 1950.</u> DUE TO (b) <u>...</u> MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS <u>Ewing Aves., about 10:00 pm June 18, 1950.</u> Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Accident</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) <u>Street accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, rest, office bldg., etc.) <u>Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis Mo</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 18 50 10:00 pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>6815</u>		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:50</u> m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>Dr. E. J. ...</u>		23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>6/19/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 29 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		
24d. LOCATION (City, town, or county) (State) <u>St Louis MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Hooster</u>		ADDRESS <u>4214 Belmont</u>		
DATE REC'D BY LOCAL REG. <u>JUN 21 1950</u>						

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

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

*F. A. Green*

Licensed Embalmer No. *2963*

P. O. Address *4214 Delmar*

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.