

FILED JAN 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43785

State File No.

318

PRIMARY REG. DIST. NO. 1003 Registrar's No. 10463

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10463							
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo				b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) St Louis				c. LENGTH OF STAY (In this place) D.C., A.				c. CITY (If outside corporate limits, write RURAL and give township) OR 57 TOWN Webster Groves 4599					
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				d. STREET ADDRESS (If rural, give location) 11 Marshall Pl 1									
3. NAME OF DECEASED (Type or Print) a. (First) Barbara		b. (Middle) Susan		c. (Last) Roemer		4. DATE OF DEATH (Month) (Day) (Year) Dec. 7, 1950							
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH April 16, 1949		9. AGE (In years last birthday) 7		10. UNDER 1 YEAR Months 8		11. UNDER 18 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St Louis, Mo.				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Chester E Roemer				13b. MOTHER'S MAIDEN NAME Bernice Ziegler				14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Chester E Roemer				ADDRESS 11 Marshall Pl					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sodium Cyanide Poisoning ANTECEDENT CAUSES self administered when body Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>not silverware cleaning solution at its home at 11 Marshall Pl. Webster Groves</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS No about 600 pm on Dec 7, 1950 Conditions contributing to the death but not related to the disease or condition causing death.										INTERVAL BETWEEN ONSET AND DEATH W B	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT (Specify) suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo		21. HOW DID INJURY OCCUR? E8880							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 7 50 600		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>											
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 6:00 P. m., from the causes and on the date stated above. 4													
23a. SIGNATURE (Degree or title) Patrick E Taylor, Coroner						23b. ADDRESS 1300 Clark				23c. DATE SIGNED 12-8-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12/9/50		24c. NAME OF CEMETERY OR CREMATORY N St Marcus Cem.		24d. LOCATION (City, town, or county) (State) St Louis, Mo.							
DATE REC'D BY LOCAL REG. DEC 8 1950		REGISTRAR'S SIGNATURE J. B. Koster				25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons				ADDRESS 7027 Gravois			

WRITE PLAINLY—USING UNFAADING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed W. G. Peterson

Signed.....
Student Embalmer

Licensed Embalmer No. 3767

P. O. Address 7027 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.