No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 15 1951

State File No. 18523

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5168

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 2 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jewish Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route #1 Foley, Missouri 0570
d. STREET ADDRESS (If rural, give location): Route #1, Foley, Mo. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Walter A.
b. (Middle): A.
c. (Last): Roeder

4. DATE OF DEATH (Month) (Day) (Year): June, 3, 1951.

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 23, 1895
9. AGE (In years last birthday): 55 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: William Roeder
13b. MOTHER'S MAIDEN NAME: Julia Bowmann
14. NAME OF HUSBAND OR WIFE: Mrs. Frances Roeder

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.:
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Frances Roeder, R.R. #1 Foley, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) generalized peritonitis, pneumonia. — INTERVAL BETWEEN ONSET AND DEATH: 6 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) perforation of ulcer in sigmoid.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: aneurysm of abdominal aorta
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5.28.51
19b. MAJOR FINDINGS OF OPERATION: peritonitis
20. AUTOPSY? YES [X] NO [ ]

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: 578 X B

22. *I hereby certify that I attended the deceased from* May 18, 1951, *to* 6/3, 1951, *that I last saw the deceased alive on* 6/3, 1951, *and that death occurred at* 11:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hermann Maas
23b. ADDRESS: 508 No Grand Ave.
23c. DATE SIGNED: 6/4/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/6/1951
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Missouri

DATE REC'D BY LOCAL REG.: JUN 5 1951
REGISTRAR'S SIGNATURE: J B Lewis
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Math Hermann & Son, Inc. 2161 E. Fair Ave.

(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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Allen W. Hatz

Licensed Embalmer No. 3737

P. O. Address St. Louis, 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.