

No. 300
10-48

FILED NOV 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40297

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 3646

1. PLACE OF DEATH a. COUNTY St. Louis <i>4000</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Clayton Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Clayton Twp, <i>4880</i>	
c. LENGTH OF STAY (In this place) 33 Years		d. STREET ADDRESS (If rural, give location) Rt #5 N. Geyer Rd Kirkwood Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt #5 Kirkwood 22 Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Lambert c. (Last) Roeser			4. DATE OF DEATH (Month) 11 (Day) 5 (Year) 1951			
5. SEX Male <i>0</i>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married <i>1</i>	8. DATE OF BIRTH July 31 1880	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 3 Days 14	IF UNDER 10 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) Jefferson County Mo. <i>0</i>		12. CITIZEN OF WHAT COUNTRY? America

13a. FATHER'S NAME Jacob Roeser		13b. MOTHER'S MAIDEN NAME Margaret Schenk		14. NAME OF HUSBAND OR WIFE Anna Roeser	
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 ADDRESS Anna Roeser Rt #5 Kirkwood 22 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction, chronic		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown DUE TO (c) unknown		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			

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)
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 *4 Nov.*, 1951, to *5 Nov.*, 1951, that I last saw the deceased alive on *5 Nov.*, 1951, and that death occurred at *9:15 p. m.*, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <i>J. A. Barnett, M.D.</i>	23b. ADDRESS <i>243 W. Jefferson, Kirkwood</i>	23c. DATE SIGNED <i>11-9-51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE <i>11-9-51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Park Hill Cemetery</i>
24d. LOCATION (City, town, or county) <i>Sappington</i>		(State) <i>Mo.</i>

DATE REC'D BY LOCAL REG. <i>11-9-51</i>	REGISTRAR'S SIGNATURE <i>Heibel P. Donke, M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Meyer-Pfitzinger</i>	ADDRESS <i>Kirkwood 22 Mo.</i>
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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

William H. Fitzgerald

Licensed Embalmer No. *4316*

P. O. Address. *Kew-Forest, N.Y.*

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.