THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6147

FILED MAR 3 1952

BIRTH NO. _____ REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 6047 Registrar's No. 5

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

1. PLACE OF DEATH
a. COUNTY Home St Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Flint Hill Cuirre
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY St Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Flint Hill Mo 0920
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Leona b. (Middle) Frances c. (Last) Roettger

4. DATE OF DEATH (Month) (Day) (Year) Feb 21 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 18-1885
9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months 9 Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Flint Hill Mo 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Dont Know
13b. MOTHER'S MAIDEN NAME Josephine Boehmer
14. NAME OF HUSBAND OR WIFE Emmanuel Roettger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ✓
17. INFORMANT'S SIGNATURE OR NAME Emmanuel Roettger ADDRESS Flint Hill 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) Cardiovascular — INTERVAL BETWEEN ONSET AND DEATH 8 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4-2-21
20. AUTOPSY? YES ☐ 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?

22. *I hereby certify that I attended the deceased from* Jan 1, 1952, *to* Feb 20, 1952, *that I last saw the deceased alive on* Feb 21, 1952, *and that death occurred at* 7:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Claude W Grace M D
23b. ADDRESS Wentzville
23c. DATE SIGNED 2-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-25-52
24c. NAME OF CEMETERY OR CREMATORY St Theodors Cemetery
24d. LOCATION (City, town, or county) Flint Hill (State) Mo

DATE REC'D BY LOCAL REG. Feb 24 1952
REGISTRAR'S SIGNATURE Martin F Puff
25. FUNERAL DIRECTOR'S SIGNATURE T. E. Pitman ADDRESS Funeral Home Wentzville Mo

408-0 (Licensed Embalmer's Statement on Reverse Side)

VS APR 7 1960

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 Annetta M. [illegible]

Licensed Embalmer No. 3055

P. O. Address Kentzville [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply [illegible] the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.