

JUL 9 1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22570**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6052**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 4 y. 7 mo. 7 days		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis <b>2139</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary		d. STREET ADDRESS (If rural, give location) <b>13</b> 5800 Arsenal St.			

3. NAME OF DECEASED (Type or Print) Juliana		a. (First)	b. (Middle)	c. (Last) <b>Rollhaus</b>		4. DATE OF DEATH June 25 1952	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH Dec. 10, 1879	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 6	IF UNDER 48 HRS. Days 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife at home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Lawrence Skeller		13b. MOTHER'S MAIDEN NAME Juliana ??		14. NAME OF HUSBAND OR WIFE Albert	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME City Infirmary	
				ADDRESS 5800 Arsenal St.	

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> 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		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? <b>4500</b>	

22. I hereby certify that I attended the deceased from Nov. 18, 1947, to June 25, 1952, that I last saw the deceased alive on June 25, 1952, and that death occurred at 1:35 P.M., from the causes and on the date stated above.

22. SIGNATURE <i>Palmer R. ...</i>		(Degree or title)	23b. ADDRESS 5800 Arsenal St.		23c. DATE SIGNED 6/25/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 28, 1952	24c. NAME OF CEMETERY OR CREMATORY German Ev. St. Trinity		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 27 1952		25. FUNERAL DIRECTOR'S SIGNATURE <i>Carl Smith</i>		ADDRESS Louis H. Bopp, Inc., Kirkwood, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

*W. Morris*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3360*

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.