

FILED OCT 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 05500

318

1003

Registrar's No. 7481

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 05500	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>2 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkwood</u>		4703	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3285 Gustine Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>602 Angenette Ave.</u>			
3. NAME OF DECEASED (Type or Print) <u>MARY</u>		a. (First)		b. (Middle)		c. (Last) <u>ROESEL</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 4, 1952</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Dec. 26, 1880</u>		9. AGE (In years last birthday) <u>71</u>		10. UNDER 1 YEAR Months <u>7</u> Days <u>8</u>		11. UNDER 24 HRS. Hours <u>8</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>		11. BIRTHPLACE (State or foreign country) <u>Vienna, Austria</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joseph Mueller</u>		13b. MOTHER'S MAIDEN NAME <u>Johanna Geschwind</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Roesel</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Erwin J. Roesel, St. Louis, Mo.</u>			
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) <u>Pulmonary embolus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Auricular fibrillation</u>				<u>years</u>	
		DUE TO (c) <u>Arteriosclerosis - general</u>				<u>years</u>	
II. OTHER SIGNIFICANT CONDITIONS (Specify) (Do not include conditions contributing to the death but not related to the disease or condition causing death.) <u>Fracture of hip 4 mo ago -</u>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4500 F</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SURGE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. CITY, TOWN, OR TOWNSHIP <u>St. Louis</u>		21d. COUNTY <u>St. Louis</u>	
21d. TIME OF INJURY <u>4-15/52</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fatal Home</u>			
22. I hereby certify that I attended the deceased from <u>April 1952</u> to <u>July 28 1952</u> , that I last saw the deceased alive on <u>July 28, 1952</u> , and that death occurred at <u>4 PM</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles H. Diller M.D.</u>				23b. ADDRESS <u>3700 Washington Ave.</u>		23c. DATE SIGNED <u>8.5.52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>8/7/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 6 1952</u>		REGISTRAR'S SIGNATURE <u>Charles Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Louis H. Popp, Jr. Kirkwood, Mo.</u>			

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

M. W. Rueter

Licensed Embalmer No. 4865

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.