F.S. No. 300
Rev. 10.48

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

FILED DEC 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40658

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10244

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis
c. LENGTH OF STAY (In this place): 60 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4504 Alaska Avenue

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): St. Louis
d. STREET ADDRESS (If rural, give location): 4504 Alaska Avenue

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3. NAME OF DECEASED (Type or Print)
a. (First): ANTHONY
b. (Middle):
c. (Last): ROEGER

4. DATE OF DEATH (Month) (Day) (Year): November 5, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Dec. 20, ~~1890~~ 1891
9. AGE (In years last birthday): ~~62~~ 60 | 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): Stationary Fireman
10b. KIND OF BUSINESS OR INDUSTRY: Stove Mfg.
11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Aloys Roeger
13b. MOTHER'S MAIDEN NAME: Lizzie ?
14. NAME OF HUSBAND OR WIFE: Mrs. Lucille Roeger

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.: 488-07-0690
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Lucille Roeger
ADDRESS: 4504 Alaska

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) Hypertensive Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 20 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ruptured Cerebral Hemorrhage — 2 hours.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
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?: 443X

22. *I hereby certify that I attended the deceased from* Jan, 1949, *to* Sept 1952, *that I last saw the deceased alive on* 5 Sept, 1952, *and that death occurred at* 9:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Earl J. Kiri M.D. (Degree or Title)
23b. ADDRESS: 508 N Grand
23c. DATE SIGNED: Sept 5

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 8, 1952
24c. NAME OF CEMETERY OR CREMATORY: St. Peter and Paul Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: NOV 7 1952
REGISTRAR'S SIGNATURE: R. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Beiderwieden F.H. Inc.
ADDRESS: 1936 St. Louis 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 Max L. Warfel

Licensed Embalmer No. 4170

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.

40658

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of .....

State File No. 10244
Local Registrar's No. 10244

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 10th day of November, 1952, before me appears Norman W. Goehler, who, upon his oath, states that the original record of ~~birth~~ death for Anthony Roeger, died ~~born~~ November 5, 1952, in the State of Missouri, and which was filed at St. Louis on ....., 19....., should be corrected as follows:

Item No. 8 should read December 20, 1891
Instead of December 20, 1890
Item No. 9 should read 60 yrs.
Instead of 61 yrs.
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Norman W. Goehler Funeral Director
Relationship.

3620 Chippewa Street
Present Address.

Subscribed and sworn to before me this 12 day of Nov, 1952

My Commission expires 3-4-53 Ella C. Paddock Notary Public.

12-20-1891

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

rm V. S. 135
0M—8-43
I X37817

S-40658 -1952