

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43202**
Registrar's No. **222**

FILED DEC 31 1952

BIRTH NO. _____ REG. DIST. NO. **306** PRIMARY REG. DIST. NO. **6048**

920
4

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

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN O'Fallon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN O'Fallon	
c. LENGTH OF STAY (in this place) 30 days		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Roepert Nursing Home			
3. NAME OF DECEASED a. (First) Helen b. (Middle) W. c. (Last) Roepert			4. DATE OF DEATH (Month) (Day) (Year) Dec. 26 '52
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH June 5 1919
9. AGE (In years last birthday) 33		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work	11. BIRTHPLACE (State or foreign country) O'Fallon Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY retired	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Paul Roepert		13b. MOTHER'S MAIDEN NAME Depping	14. NAME OF HUSBAND OR WIFE _____
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 Paul Roepert ADDRESS O'Fallon 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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Abscess DUE TO (c) Pyelonephritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Multiple Decubitus			INTERVAL BETWEEN ONSET AND 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) 345X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 July , 19 52 , to Dec 26 , 19 52 , that I last saw the deceased alive on Dec 25 , 19 52 , and that death occurred at 7:30A m., from the causes and on the date stated above.			
23a. SIGNATURE George R. Asaki MD (Degree or title)		23b. ADDRESS O'Fallon Mo.	23c. DATE SIGNED 12-27-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-29-52	24c. NAME OF CEMETERY OR CREMATORY Assumption	24d. LOCATION (City, town, or county) (State) O'Fallon Mo.
DATE REC'D BY LOCAL REG. 12-27-52	REGISTRAR'S SIGNATURE Earl Keithly 289	25. FUNERAL DIRECTOR'S SIGNATURE Earl Keithly ADDRESS O'Fallon Mo.	

MAR 5 1930

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.....

E. Keenly

Signed.....
Student Embalmer

Licensed Embalmer No. 822

P. O. Address O'Fallon 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.