

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16536**BIRTH NO. **26916** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **1191**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Hights		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2189	
c. LENGTH OF STAY (In this place) 2 days		d. STREET ADDRESS (If rural, give location) 4522 Arco Ave.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Baby Ronald b. (Middle) c. (Last) Roesch			4. DATE OF DEATH April 26, 1953 (Month) (Day) (Year)		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH April 24, 1953		9. AGE (In years last birthday) 2 If UNDER 1 YEAR: Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil.			10b. KIND OF BUSINESS OR INDUSTRY Baby			11. BIRTHPLACE (City and State or Foreign Country) Richmond Hights, Mo.			12. CITIZEN OF WHAT COUNTRY? us		
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13a. FATHER'S NAME Edward Roesch			13b. MOTHER'S MAIDEN NAME Laverne Reckart			14. NAME OF HUSBAND OR WIFE None.		
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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 Edward Roesch		ADDRESS 4522 Arco Ave.,	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Unknown					
		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 774X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from **4-24**, 19**53**, to **4-26**, 19**53**, that I last saw the deceased alive on **4-25**, 19**53**, and that death occurred at **2:00** p.m., from the causes and on the date stated above.

23a. SIGNATURE E. P. Springer MD (Degree or title)			23b. ADDRESS 3209 S. Grand			23c. DATE SIGNED 4-27-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 27/53		24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.,		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
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DATE REC'D BY LOCAL REG. 4-27-53		REGISTRAR'S SIGNATURE Herbert R. Domb MD		25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark		ADDRESS 1125 Hodiamont Ave.,	
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. C. F. LYNN
1325 Grand
3209 S. Grand Blvd
Gr. 7600 Gr. 7388
1-3 P.M.

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 _____

Alfred J. Boedeker
Licensed Embalmer No. 2663

P. O. Address 1125 Hodiament Ave.,

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.