

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23119**
Registrar's No. **5992**

FILED JUL 2 - 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

| | | | | |
|---|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 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 OR TOWN St. Louis, Missouri) | | c. LENGTH OF STAY (In this place) | c. CITY OR TOWN St. Louis | d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital | | e. STREET ADDRESS (If rural, give location) 4515 Genevieve | | |
| 3. NAME OF DECEASED (Type or Print) WILLIAM Vincent | | a. (First) | b. (Middle) | c. (Last) ROESSNER, SR. |
| 4. DATE OF DEATH JUNE 14, 1953 | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | 8. DATE OF BIRTH April 20, 1912 | 9. AGE (In years last birthday) 41 10. MONTHS 1 11. DAYS 24 |
| 5. SEX Male | | 6. COLOR OR RACE White | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hospital Attendant | 10b. KIND OF BUSINESS OR INDUSTRY Incarnate Word |
| 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? | | |
| 13a. FATHER'S NAME August Roessner | | 13b. MOTHER'S MAIDEN NAME Flora Mae Gallagher | 14. NAME OF HUSBAND OR WIFE Bertha | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes World War # 2 | | 16. SOCIAL SECURITY NO. 488-05-1396 | 17. INFORMANT'S SIGNATURE OR NAME Bertha Roessner ADDRESS 4518 Genevieve | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septicemia | | II. OTHER SIGNIFICANT CONDITIONS | | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | | |
| | | DUE TO (b) Cirrhosis of the liver | | |
| | | DUE TO (c) | | |
| 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) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 5810 | |
| 22. I hereby certify that I attended the deceased from 6-1-53 , 19__, to 6-14-53 , 19__, that I last saw the deceased alive on 6-14-53 , 19__, and that death occurred at 1:00A m., from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE John W. Wallace (Degree or title) | | 23b. ADDRESS 4515 Lafayette Avenue | | 23c. DATE SIGNED 6-15-53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE June 17, 1953 | 24c. NAME OF CEMETERY OR CREMATORY National Cemetary | 24d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo. | |
| DATE REC'D BY LOCAL REG. JUN 16 1953 | REGISTRAR'S SIGNATURE J. Carl Smith | 25. FUNERAL DIRECTOR'S SIGNATURE Chas. F. Stewart ADDRESS 1225 Union | | |

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.....
Signature of Student Embalmer

Signed *Melvin L. Kemp*.....

Licensed Embalmer No. *485*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above: