

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27159

State File No. \_\_\_\_\_

FILED AUG 6 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 2119

4003

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			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 township) OR TOWN <u>Kirkwood</u>		c. LENGTH OF STAY (In this place) <u>10 years</u>	c. CITY OR TOWN <u>Kirkwood</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>639 W. Woodbine Ave.</u>			e. STREET ADDRESS (If rural, give location) <u>639 W. Woodbine Ave.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>EUGENE</u>		b. (Middle) <u>PHILLIP</u>		c. (Last) <u>ROEDER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 31 1953</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 7, 1892</u>		9. AGE (In years last birthday) <u>61</u>
				IF UNDER 1 YEAR Months <u>0</u> Days <u>24</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tent &amp; Awning</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kirkwood, Mo.</u>	
12. CITIZENSHIP OF WHAT COUNTRY? <u>MSA</u>					
13a. FATHER'S NAME <u>George F. Roeder</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Welner</u>		14. NAME OF HUSBAND OR WIFE <u>Eve Elizabeth Roeder</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-01-2186</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eve Elizabeth Roeder, Kirkwood, 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, asthenia, etc. It means the disease, injury, or complication which caused death.					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Lung</u>					
MEDICAL CERTIFICATION					
ANTECEDENT CAUSES					
DUE TO (b) <u>Carcinoma of Prostate</u>					
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			
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?	
22. I hereby certify that I attended the deceased from <u>8/25/45</u> , 19____, to <u>7/31/53</u> , 19____, that I last saw the deceased alive on <u>7/28/53</u> , 19____, and that death occurred at <u>10 AM</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Arthur W. Westrup, M.D.</u>		23b. ADDRESS <u>204 E. Big Bend</u>		23c. DATE SIGNED <u>8/1/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/3/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-2-53</u>		REGISTRAR'S SIGNATURE <u>Hackett R. D...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bruce H. Bopp, Inc. Kirkwood Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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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..... *Felix Hurand* .....

Licensed Embalmer No. *3034* .....

P. O. Address *Kirkwood 2* .....

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.