

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4502 Pope Avenue</u>				e. STREET ADDRESS (If rural, give location) <u>9 4502 Pope Avenue</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Benjamin</u> b. (Middle) <u>H.</u> c. (Last) <u>Roeben</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 7th, 1954</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>Ded. 3, 1896</u>	
9. AGE (In years last birthday) <u>57</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Roeben</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Feldhaus</u>			14. NAME OF HUSBAND OR WIFE <u>Julia Roeben</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>497-01-8576</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. B. Roeben 4502 Pope Ave.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shot wound of head, self inflicted; wound occurred as found in his home on June 7th 1954 about 5:25 pm. Suicide while suffering from temporary mental aberration</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>5:25 pm. Suicide while suffering from temporary mental aberration</u> Conditions contributing to the death but not related to the disease or condition causing death _____					INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>mental aberration</u>					19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <u>suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 7, 1954 5:25 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>E976X</u>			
22. I hereby certify that I attended the deceased from <u>2</u> , 19 <u>54</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:25</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Catrick E. Taylor Carauer</u> (Degree or title) _____			23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>6. 10. 54.</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/11/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>JUN 10 1954</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John Stygar & Son 5541 Riverview Blvd.</u>			

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

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..... *John W. Piest*

Licensed Embalmer No. *3980*

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.