

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25156

State File No.

6489

| | | | | | | | |
|--|--|--|---------------------------|--|--|---|--|
| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY | | | | a. STATE | | b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN ST. LOUIS | | | | Missouri | | St. Charles | |
| c. LENGTH OF STAY (in this place) | | | | c. CITY OR TOWN | | d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| ST. LOUIS | | | | St. Charles | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: ST. LOUIS CITY HOSPITAL | | | | e. STREET ADDRESS (If rural, give location) St. Charles Hotel | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) | | b. (Middle) | | c. (Last) | |
| CHARLES | | MARTING | | ROEDENBECK | | 4. DATE OF DEATH (Month) (Day) (Year) | |
| JULY | | 14, | | 1954 | | | |
| 5. SEX | | 6. COLOR OR RACE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | | 8. DATE OF BIRTH | |
| male | | white | | widowed | | Dec. 29, 1904 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) | | 12. CITIZEN OF WHAT COUNTRY? | |
| Crane operator | | American Car Edry. | | Missouri | | | |
| 13a. FATHER'S NAME | | | 13b. MOTHER'S MAIDEN NAME | | | 14. NAME OF HUSBAND OR WIFE | |
| Charles Roedenbeck | | | Caroline Wolter | | | Genevieve Beckman | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS | | | |
| no | | no | | Charles Roedenbeck 2163 Chambers | | | |
| 18. CAUSE OF DEATH | | MEDICAL CERTIFICATION | | | | | |
| Enter only one cause per line for (a), (b), and (c) | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA of Esophagus | | | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | | | | | |
| | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | |
| | | DUE TO (b) _____ | | | | | |
| | | 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 checked="" type="checkbox"/> NO <input 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | 150x | |
| 22. I hereby certify that I attended the deceased from <u>6-4-54</u> , 19 <u> </u> , to <u>7-14-54</u> , 19 <u> </u> , that I last saw the deceased alive on <u>7-14-54</u> , 19 <u> </u> , and that death occurred at <u>10:35 Am.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) | | | | 23b. ADDRESS | | 23c. DATE SIGNED | |
| <i>Robert J. Smith</i> | | | | 1515 Lafayette Avenue | | 7-15-54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE | | 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) (State) | |
| removal | | 7-17-54 | | St. Charles Borromeo | | St. Charles, Missouri | |
| DATE REC'D BY LOCAL REG. | | REGISTRAR'S SIGNATURE | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | | | |
| JUL 16 1954 | | <i>J. Carl Smith, M.D.</i> | | H.C. Dallmeyer & Sons | | St. Charles, Mo. | |

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

(Licensed Embalmer's Statement on Reverse Side)

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 *Frank R. Amals*

Licensed Embalmer No. *48*

P. O. Address *St. Charles*

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.