

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**25735**

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

No. 300  
10-48

FILED JUL 22 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1601

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u>		<b>2. USUAL RESIDENCE</b> (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>Valley Park</u>		c. CITY OR TOWN <u>Valley Park</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>2 Years</u>		e. STREET ADDRESS (If rural, give location) <u>332 Benton St.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Moll's Nursing Home</u>			

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)			
a. (First) <u>Paul</u>	b. (Middle) <u>J.</u>	c. (Last) <u>Roeske</u>	<u>July 4 1954</u>			
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Sept. 17 1877</u>	<b>9. AGE</b> (In years last birthday) <u>76</u>	<b>IF UNDER 1 YEAR</b> Months <u>9</u> Days <u>17</u>	<b>IF UNDER 24 HRS.</b> Hours <u></u> Min. <u></u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Inspector</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>St. L. Water Works</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>St. Louis Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>America</u>

<b>13a. FATHER'S NAME</b> <u>August P. Roeske</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Sophie **UNKNOWN**</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Bertha Roeske</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> (If yes, give war or dates of service) <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Clarence O. Linton</u>	<b>ADDRESS</b> <u>5602 Hancock St. I.</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>1 Day</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral Hemorrhage</u>		
	<b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Atherosclerosis</u> DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>3318</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from** 6-1, 1953, to 7/4, 1954 **that I last saw the deceased alive on** 7/1, 1954 **and that death occurred at** 1:30 Am., **from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>C. Thesleim</u>	<b>23b. ADDRESS</b> <u>Kirkwood Mo</u>	<b>23c. DATE SIGNED</b> <u>7/6/54</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	<b>24b. DATE</b> <u>7-7-54</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>S.S. Peter-Paul Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>7/7/54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Heard</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Meyer-Pfitzinger</u>	<b>ADDRESS</b> <u>Kirkwood 22 Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 16 1956

✓ 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 *William A. Pitzinger*

Licensed Embalmer No. *431*

P. O. Address *Hickory*

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.