

FILED AUG 2-1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24297

5621

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

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 township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Gietner Home 5000 S. Broadway			e. STREET ADDRESS (If rural, give location) 15 5000 S. Broadway			215/0				
3. NAME OF DECEASED (Type or Print) Marie D. Roneberger			4. DATE OF DEATH (Month) (Day) (Year) 6-28-1955							
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 3-14-1882		9. AGE (in years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 48 HRS. Hours	IF UNDER 12 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Herman H. Dierker			13b. MOTHER'S MAIDEN NAME Sophia Valquards			14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. R. Vesterling			ADDRESS 5000 S. Broadway 4652 Wilcox Ave			
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rheumatoid arthritis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>years</u> <u>years</u> <u>years</u>	
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? 4200						
22. I hereby certify that I attended the deceased from <u>5/25</u> , 19 <u>54</u> , to <u>6/28</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6/28</u> , 19 <u>55</u> , and that death occurred at <u>4:10 P.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>R. S. Moskop</u>			(Degree or Title) M.D.			23b. ADDRESS 3554 VICTOR ST. ST. L. MO			23c. DATE SIGNED 6/29/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-30-1955	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park			24d. LOCATION (City, town, or county) (State) 10160 Gravois Road Mo				
DATE REC'D BY LOCAL REG. JUN 29 1955		REGISTRAR'S SIGNATURE <u>Carl Smith</u>			FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Ziegenhagen</u>			ADDRESS 6409 Gravois Ave		

(Licensed Embalmer's Statement on Reverse Side)

3554 Victor Ave  
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.48

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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 *John M. Seymour*.....

Licensed Embalmer No. *434*.....

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.