

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22090

FILED JUN 18 1956

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 State File No. _____ Registrar's No. 5290

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| 1. PLACE OF DEATH a. COUNTY _____ | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY OR TOWN St. Louis | c. LENGTH OF STAY (in this place) 1 week | c. CITY OR TOWN Clayton 4452 | 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 Lutheran Hospital | | e. STREET ADDRESS (If rural, give location) 7543 Buckingham Drive | |

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|---|------------------------|--|--|---|
| 3. NAME OF DECEASED (Type or Print) AUGUST FREDERICK ROETTGER | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) May 30th 1956 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Feb. 11 1864 | 9. AGE (In years last birthday) 92 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Gen'l Mgr | | 10b. KIND OF BUSINESS OR INDUSTRY Faust Fulton Mkt | 11. BIRTHPLACE (City and State or Foreign Country) Germany | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME Frederick Roettger | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Bertha Roettger (deceased) |
| 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. None | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. Roettger 7543 Buckingham Drive. |

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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Polino sclerose myocardio</i> | | INTERVAL BETWEEN ONSET AND DEATH <i>yes.</i> <i>yes.</i> <i>yes.</i> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>negius scleris</i> DUE TO (c) <i>Generalized Arterio scleris</i> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 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) (Minute) | 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 June 1952 to 5/30/56, that I last saw the deceased alive on 2/29/56, 1956, and that death occurred at 10:15 P.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <i>C. H. Duckert</i> | 23b. ADDRESS 5703 Chipping | 23c. DATE SIGNED 6/1/56 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE June 2 1956 | 24c. NAME OF CEMETERY OR CREMATORY Westfield Cemetery |
| 24d. LOCATION (City, town, or county) Westfield, Illinois | | (State) |

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| DATE REC'D BY LOCAL REG. JUN 1 1956 | REGISTRAR'S SIGNATURE J. Earl Smith, M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. H. Bocklage 6536 Clayton Road |
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S. P. (Licensed Embalmer's Statement on Reverse Side)

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 *Wm J. Haines*.....
Licensed Embalmer No. *4108*
P. O. Address *St. Paul*

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.