

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43773

STATE FILE NUMBER

FILED DEC 18 1956

Registration District No. **318** Primary Registration District No. **1003** Registrar **10619**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital		Length of stay in lb 6 days	d. STREET ADDRESS 5602 Washington Ct. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle Henry Last Roetter			4. DATE OF DEATH Nov. 19, 1956 Month Day Year
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 24, 1968
9. AGE (In years last birthday) 87 yrs		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Pres W.H. Roetter Hat Co.		10b. KIND OF BUSINESS OR INDUSTRY Roetter Hat Co.	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Arnold Paul Roetter	
14. MOTHER'S MAIDEN NAME Elizabeth Schmidt		SPOUSES NAME Leona Straub Roetter	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 488-12-3908	17. INFORMANT Address Miss Margaret Roetter 5602 Washington Ct.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis DUE TO (b) arteriosclerosis generalised DUE TO (c) 332x Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) arterio sclerotic heart disease			INTERVAL BETWEEN ONSET AND DEATH 10 days years
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Jan. 1949 to Nov. 19-1956 and last saw him alive on Nov. 19-1956 Death occurred at 3 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. G. Newman M.D. (Degree or title)		22b. ADDRESS 3720 Washington	
22c. DATE SIGNED 11/20/56		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE Nov. 21, 1956		23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	
23d. LOCATION (City, town, or county) Jefferson City, Mo.		24. FUNERAL DIRECTOR Alexander & Sons 6175 Delmar ADDRESS	
25. DATE RECD. BY LOCAL REG. NOV 20 1956		26. REGISTRAR'S SIGNATURE J. Paul Smith MD mJB.	

MEDICAL CERTIFICATION

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

Sis Harold G. Newman
3770 Newington
J.C.S. + 3
1-3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by, Student Embalmer No.

working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Jos. E. McCulloch*

Licensed Embalmer No. *746*

P. O. Address *6170 R*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. 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.