

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 4 1957

State File No. 2459

No. 300  
10-48

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>53</u>	
1. PLACE OF DEATH a. COUNTY <u>Saint Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Saint Charles</u>		c. LENGTH OF STAY (in this place) <u>2 weeks</u>		c. CITY OR TOWN <u>St. Charles</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Joseph's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>503 Transit</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u>		b. (Middle) <u>H.</u>		c. (Last) <u>Roesner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 27, 1957</u>	
5. SEX <input checked="" type="radio"/> Male		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 24, 1887</u>	
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>3</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>police officer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>City of St. Charles</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Hubert Roesner</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Willenbrink</u>		14. NAME OF HUSBAND OR WIFE <u>Anna M. Knock</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>487-14-1532</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Anna Roesner, St. Charles, Mo.</u>			
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>Myocardial Infarction</u>  ANTECEDENT CAUSES DUE TO (b) <u>Coronary Artery Thrombosis</u> DUE TO (c) <u>Arteriosclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u> <u>14 days</u> <u>10 y. K</u>	
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?			
22. I hereby certify that I attended the deceased from <u>Jan 12</u> 19 <u>57</u> , to <u>Jan 27</u> 19 <u>57</u> , that I last saw the deceased alive on <u>Jan 27</u> , 19 <u>57</u> , and that death occurred at <u>4:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. Poggemeier</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>St. Charles, Mo</u>		23c. DATE SIGNED <u>Jan 28, 1957</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 30, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Saint Charles, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 28/1957</u>		REGISTRAR'S SIGNATURE <u>Francis Harrietson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.C. DeLongue &amp; Son, St. Charles, Mo.</u>			

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

FEB 14 1957

MAR 28 1958

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 *Paul R. Amador* .....

Licensed Embalmer No. *489* .....

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.