No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 58-020087

FILED MAY 16 1958

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4987

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (in this place) 5 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 09 DE PAUL HOSPITAL 21629

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 5084 Milentz

3. NAME OF DECEASED (Type or Print) a. (First) Daisy b. (Middle) Margaret c. (Last) Roederer
DAISY ROEDERER

4. DATE OF DEATH (Month) 5 (Day) 9 (Year) 58

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH October 2, 1874

9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (State or foreign country) Collinsville, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Delenne

13b. MOTHER'S MAIDEN NAME Martha Johnson

14. NAME OF HUSBAND OR WIFE Lawrence Roederer (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 488-01-4942-A

17. INFORMANT'S SIGNATURE OR NAME Lawrence Roederer, **ADDRESS** 4115 Peck Street

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PERFORATION OF LARGE BOWEL — PERITONITIS — INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) STRICTURE OF ESOPHAGUS — 2 YEARS
DUE TO (c) LARGE BOWEL OBSTRUCTION — 3 WEEKS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 561.5

19a. DATE OF OPERATION 4/11/58 + 4/26/58

19b. MAJOR FINDINGS OF OPERATION ABDOMINAL HERNIA + BOWEL OBSTRUCTION

20. AUTOPSY? YES [X] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* APRIL 4, 1958, *to* MAY 9, 1958, *that I last saw the deceased alive on* MAY 9, 1958, *and that death occurred at* 7:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] M. Gandhmayr M.D. D

23b. ADDRESS De Paul Hospital

23c. DATE SIGNED 5/9/58

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE May 12 1958

24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cemetery

24d. LOCATION (City, town, or county) Collinsville (State) Illinois

DATE REC'D BY LOCAL REG. MAY 10 '58

REGISTRAR'S SIGNATURE VIA MOTOR J. Earl Smith, M.D. S.P.

25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc., **ADDRESS** 2161 E. Fair Av

(Licensed Embalmer's Statement on Reverse Side)

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 .....
Student Embalmer

Signed Clement McNeary

Licensed Embalmer No. 3732

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 this body is not embalmed, fact should be so stated above.