

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-011470

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3350 STATE FILE NUMBER

FILED APR 14 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis,</u>		Length of stay in lb <u>11 days</u>	c. CITY OR TOWN <u>Shrewsbury</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis, - Little Rock Hospitals, Inc.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>7600 Suffolk Ave.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Melvin</u> Middle <u>Douglas</u> Last <u>Roemmich</u>			4. DATE OF DEATH Month <u>April</u> Day <u>7</u> Year <u>1961</u>			
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-1-1899</u>	9. AGE (last birthday) <u>61</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Switchman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad terminal</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Alfred Roemmich</u>	13b. MOTHER'S MAIDEN NAME <u>Lillian Douglas</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Gladys Roemmich</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT Address <u>Gladys Roemmich-7600 Suffolk Ave.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)	DUE TO (b) <u>Arteriosclerotic Heart Disease</u>	<u>several months</u>
	DUE TO (c) <u>4200</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour <u>8</u> a.m. p.m. Month, Day, Year
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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 <u>St. Louis,</u> COUNTY <u>Mo.</u> STATE
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21. I attended the deceased from <u>March 28, 1961</u> to <u>April 7, 1961</u> and last saw <sup>her</sup> him alive on <u>Apr. 7, 1961</u> Death occurred at <u>8: P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>Benjamin H. Clark 2-10.</u>	22b. ADDRESS <u>1755 S. Grand - St. Louis</u>	22c. DATE SIGNED <u>Apr. 8, 1961</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 10, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New St Marcus</u>	23d. LOCATION (City, town, or county) <u>St. Louis,</u> Mo.
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24. FUNERAL DIRECTOR <u>Kreigshauser Funeral Home</u>	DATE RECD. BY LOCAL REG. <u>APR 9 1961</u>	25. REGISTRAR'S SIGNATURE <u>Roan Smith M.D.</u>
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AMENDED  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

**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 R. W. Stovessand

Licensed Embalmer No. 4007

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.