SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-019421
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4780

FILED JUN 2 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

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 — Length of stay in lb: life

c. CITY OR TOWN: St Louis — Inside Limits: Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Deaconess Hospital — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 3942 Dover — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Bernard — Middle — Last Romer

4. DATE OF DEATH: Month May — Day 18 — Year 1961

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: Nov 3 1875

9. AGE (last birthday): 85 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

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

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): St Louis Mo

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Joseph Romer

13b. MOTHER'S MAIDEN NAME: Dierberger

14. NAME OF HUSBAND OR WIFE: Marie

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

17. INFORMANT: Geraldine Hartig — Address: 3942 Dover Placd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: years.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 420.0

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 6-14-38, to 5-18-61 and last saw her/him alive on 5-18-61
Death occurred at 6 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H L Joslyn, M. D.

22b. ADDRESS: 634 North Grand Blvd. St. Louis 3, Mo.

22c. DATE SIGNED: 5-19-61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: May 22, 1961

23c. NAME OF CEMETERY OR CREMATORY: Valhalla

23d. LOCATION (City, town, or county) (State): St Louis County Mo

24. FUNERAL DIRECTOR — ADDRESS: John L Ziegenhein & Sons 7027 Gravois

25. DATE RECD. BY LOCAL REG.: MAY 20 1961

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Grava

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.