SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED AUG 11 1961

-61-027841
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 542 Registrar's No. 2146

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

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Ferguson
Length of stay in 1b: 3 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 11 Colchester Dr.
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Ferguson
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 11 Colchester Dr.
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Emma Middle: H. Last: Roebbel
4. DATE OF DEATH: Month 7 Day 30 Year 61
5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 3-27-69
9. AGE (last birthday): 92
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): At Home
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and state or country): Batch Town, Ill.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Henry Flagg
13b. MOTHER'S MAIDEN NAME: Catherine Stahl
14. NAME OF HUSBAND OR WIFE: Frederick W. Roebbel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
17. INFORMANT: Lorena Becker Ferguson, Missouri Address

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) ARTERIO-sclerotic Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Natural Ageing Processes.
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: 6 years
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 July 1955, to July 1961 and last saw (her/him) alive on June 1961
Death occurred at 5:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Robert W. Kahn M.D. (Degree or title)
22b. ADDRESS: 610 N. LAFAYETTE FLORISSANT
22c. DATE SIGNED: 7-31-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-1-61
23c. NAME OF CEMETERY OR CREMATORY: Hiram Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri
24. FUNERAL DIRECTOR: White-Mullen ADDRESS: 118 N. Florissant Rd. Ferg.
25. DATE RECD. BY LOCAL REG.: 8-1-61
26. REGISTRAR'S SIGNATURE: John E. Murphy M.D.

(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_____
Signature of Student Embalmer

Signed Reinhold K Lohrman

Licensed Embalmer No. 3395

P. O. Address St Louis 35

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.