

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027842

AMENDED Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2058 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY: AFFIDAVIT OF

FILED JUL 25 1961

1. PLACE OF DEATH
 a. COUNTY Mo.
 b. CITY (If outside of St. Louis, give town or township only) ST. LOUIS Length of stay in lb HRS.
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION County Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY ST LOUIS
 c. CITY OR TOWN ST. LOUIS (22) Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 300 S. Sappington Road Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First STEPHEN Middle S. Last ROESSEL 4. DATE OF DEATH Month July Day 21 Year 1961

5. SEX MALE 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 7-28-1955 9. AGE (last birthday) 5 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) STUDENT 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) ST. LOUIS, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME EUGENE J. ROESSEL 13b. MOTHER'S MAIDEN NAME FRANCES BECKER 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. _____ 17. INFORMANT E.J. ROESSEL Address 300 S. Sappington Rd

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Acute renal shutdown (24 hr. post-op)
 DUE TO (b) Multiple traumatic injuries (limbs + lungs + head)
 DUE TO (c) Train - bicycle accident
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 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 4:00 a.m. p.m. Month, Day, Year 7-20-61

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.) R.R. Crossing 20f. CITY, TOWN, OR LOCATION Oakland COUNTY St. Louis STATE Mo.

21. I attended the deceased from 7-20-61 to 7-21-61 and last saw ^{her} him alive on 7-21-61
 Death occurred at 11:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John E. Oakley, M.D. 22b. ADDRESS St. Louis County Hospital 22c. DATE SIGNED 7-22-61

23a. BURIAL, CREMATION, REBURYAL (Specify) BURIAL 23b. DATE 7-24-1961 23c. NAME OF CEMETERY OR CREMATORY RESURRECTION Cem 23d. LOCATION (City, town, or county) ST. LOUIS Co, Mo. (State)

24. FUNERAL DIRECTOR KRIEGSHAUSER ADDRESS 4228 S. Kingshighway 25. DATE RECD. BY LOCAL REG. 7-23-61 26. REGISTRAR'S SIGNATURE John B. Murphy, 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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R. W. Stover sand

Licensed Embalmer No. 4007
P. O. Address St. Louis, Mo.

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.