

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

6710

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Towship.....

Primary Registration District No. 1003

City St. Louis, Mo. (No. 3624 O'Meara St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
Registered No. 1940  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Emma Roennigke

(a) Residence. No. 3624 O'Meara St. 15 Ward. \_\_\_\_\_  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edw. Roennigke

7. DATE OF BIRTH (MONTH, DAY AND YEAR) April 12 - 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ____ hrs. or ____ min.
	<u>62</u>	<u>10</u>	<u>12</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House-work  
(b) General nature of industry, business, or establishment in which employed (or employer) at home  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Henry Niemann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER \_\_\_\_\_

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Prussia

14. INFORMANT Mr. Edw. Roennigke  
(Address) 3624 O'Meara Ave

15. FILED 55 26 1927 Max G. Staroboff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 24 - 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb 23<sup>rd</sup> 1927, to Feb 24<sup>th</sup> 1927, 1927  
that I last saw him alive on Feb 23<sup>rd</sup> 1927, and that death occurred, on the date stated above, at 2:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

57 Diabetes mellitus  
(duration) 1 yrs. - mos. - ds.

CONTRIBUTORY (SECONDARY) 57  
(duration) - yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical  
(Signed) L. A. 2716 Shumou, M. D.  
2/25, 1927 (Address) 1808 Vinton St.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

21. PLACE OF BURIAL, CREMATION, OR REMOVAL Falchalla Crematory DATE OF BURIAL 2-26-27

22. UNDERTAKER Peetz Bros. 3029 Lafayette ADDRESS \_\_\_\_\_

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

9-10 a.m. on 2-3-27. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

