MAR 26 1928

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

Do not use this space.

2486

1. PLACE OF DEATH
County St. Louis — Registration District No. 1170 — File No.
Township ~~Central~~ — Primary Registration District No. 6248 H — Registered No. 28
City Richmond Hghts (No. St. Marys Hospital St. Ward)

2. FULL NAME Henry F. Roennigke
(a) Residence. No. 2735 Allen St., Ward. St. Louis, Mo
(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.

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.

Wed. before 1 p.m. Reg. - Richmond Heights 1511 Bellevue Ave Mrs. Jensen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July-4-1864

7. AGE: YEARS 63 — MONTHS 6 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Anheuser Busch B.Co.
(c) Name of employer

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

PARENTS
10. NAME OF FATHER August Roennigke
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Adolphina Peetz
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Mamie Roennigke
(Address) 2735 Allen Ave

15. FILED 2/1, 1928 C. L. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 31 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1928, to Jan 31, 1928, that I last saw him alive on Jan 31, 1928, and that death occurred, on the date stated above, at 6.50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastric Carcinoma
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Metatasis of Liver
Chr. nephritis (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Fluoroscopic G.I.
Tract. Urine examination
(Signed) Elmer Simpson M.D.
(Address) 3729 Gravois ave.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Sunset Burial Park — DATE OF BURIAL: 2-2-1928

20. UNDERTAKER: Peetz Bros. 3029 — ADDRESS: Lafayette

1.30 p.m.