

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

Do not use this space.

22214

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **3078**)

City **City of St. Louis**

File No.

Registered No. **6396**

St. Ward)

2. FULL NAME

(a) Residence. No. **1535e Mariner** St. **25** Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **2** yrs. **25** mos. **25** da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED **single**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **unknown**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 78 ✓ ✓

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **writer**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Maconen**

10. NAME OF FATHER **Joseph Ropt**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Maconen**

12. MAIDEN NAME OF MOTHER **Dorothy Haeada**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Bohemia**

14. INFORMANT (Address) **Chas. D. Ropt**

15. FILED **11 N 16 1928** 19 **19** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 12 1928**

17. I HEREBY CERTIFY, That I attended deceased from **May 28**, 19**28**, to **June 12**, 19**28**, that I last saw **alive** on **June 12**, 19**28**, and that death occurred, on the date stated above, at **12 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes mellitus **BCA**
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) **Abscess of face - cause unknown**
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED **5 M**
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **Henry C. Westerman, M.D.**
(Address) **City of St. Louis**

*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 DATE OF BURIAL
Ashland Wis. **6/18 1928**

20. UNDERTAKER ADDRESS
Southern U. & L. Co. **7315 B'dway**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Roof.