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.

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

Do not use this space.

38040

1. PLACE OF DEATH
County St Louis — Registration District No. 786 — File No.
Township ~~Centre~~ — Primary Registration District No. 4469 — Registered No. 57
City Maplewood (No. 7618 Sharp St. Ward)

2. FULL NAME Emma Roeger
(a) Residence. No. 7618 Sharp St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 6 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

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ ~~(OR) WIFE OF~~ wife of Emil Roeger

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 13-1857

7. AGE: Years 71 — Months 1 — Days 28 — If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER Sebastian Berberich
11. BIRTHPLACE OF FATHER (CITY OR TOWN) —
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) unknown

14. INFORMANT Emil Roeger
(Address) 7618 Sharp

15. FILED 11/11, 1928 Mercedes Schuster
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 11 1928

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to Nov 11, 1928 that I last saw her alive on Nov 11, 1928 and that death occurred, on the date stated above, at 1 30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senile Gangrene
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Valvular Cardiac Condition
Chronic Parenchymatous nephritis
years (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Aug 14, 1928
DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov 10, 1928
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings
(Signed) Vincent F Townsend, M. D
11/11, 1928 (Address) 3101 Sutton Ave Maplewood

*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: Nov 12 1928

20. UNDERTAKER: Parker Lund Co — ADDRESS: Maplewood