

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

Do not use this space.

31750

1. PLACE OF DEATH

County St. Genevieve Registration District No. 780 File No. 42
 Township St. Genevieve Primary Registration District No. 4466 Registered No. 42
 City St. Genevieve (No.) St. Ward

2. FULL NAME

John Rodermeyer
 (a) Residence No. St. 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 male 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 Christina Schupp

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 24 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 6 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Belleville
 (STATE OR COUNTRY) Illinois

10. NAME OF FATHER George Rodermeyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Belleville
 (STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Baden
 (STATE OR COUNTRY) Germany

14. INFORMANT Henry Rodermeyer
 (Address) St. Genevieve Mo

15. FILED Sept 17 1929 T.W. Douglas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 17 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1929, to Sept 17, 1929, that I last saw him alive on Sept 16, 1929, and that death occurred, on the date stated above, at 2:45 A. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Senescent Ulcer
11/10/1929
 (duration) 1 yrs. 10 mos. 3 ds.

CONTRIBUTORY Hemorrhage from Senescent
 (SECONDARY) (duration) 1 yrs. 1 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical

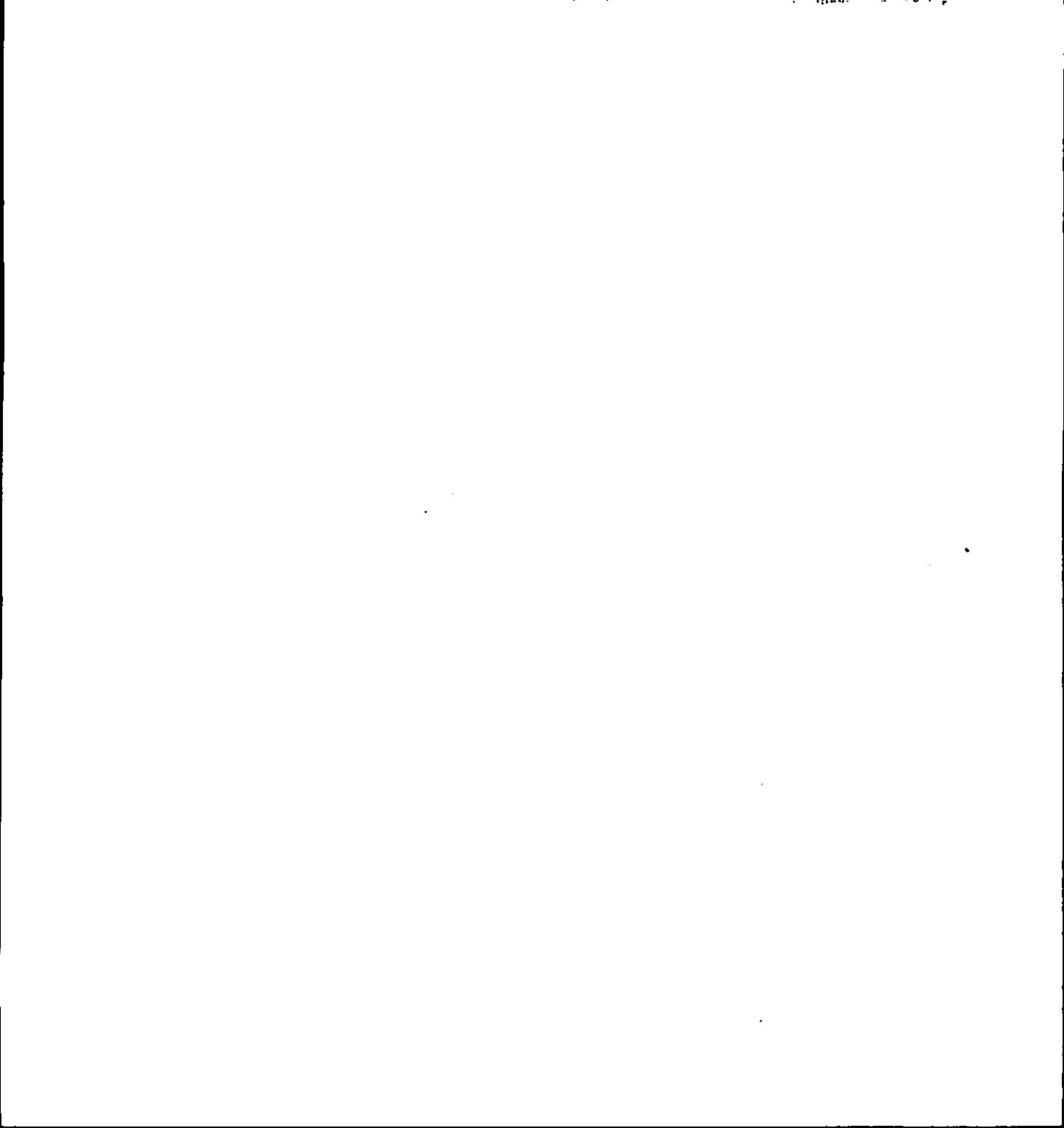
(Signed) R. L. Lanning, M. D.

9/17, 1929 (Address) St. Genevieve Mo

*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 Belleville Illinois DATE OF BURIAL 9/19 1929

20. UNDERTAKER John Basler St. Genevieve Mo
 ADDRESS



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Genevieve Registration District No. 780 File No. _____
 Township _____ Primary Registration District No. 4466 Registered No. 42
 City _____ (No. _____, St. _____ Ward)

2. FULL NAME

John Rodemeyer
 (a) Residence. No. _____ St. _____ 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>M</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 24 - 1854
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
75 X 6 X 23 X

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____ (duration)yrs.mos.ds.
 (b) General nature of industry, business, or establishment in which employed (or employer) _____ (duration)yrs.mos.ds.
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY)

10. NAME OF FATHER _____

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

12. MAIDEN NAME OF MOTHER _____

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

14. INFORMANT _____ (Address)

15. FILED Sept 17, 1929 T. W. Douglas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 17 1929
 17. I HEREBY CERTIFY That I attended deceased from _____ 19____ to _____ 19____ that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) _____, M. D.

, 19 (Address)

*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
	19

20. UNDERTAKER	ADDRESS
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SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

CAUSE OF DEATH IN plain terms, so that it may be properly understood

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