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

Do not use this space.

38338

1. PLACE OF DEATH

County St. Louis, Registration District No. 1123

Township Carondelet Primary Registration District No. 6248 B, File No.

City Jefferson Barracks, (No. Missouri. St. Ward) Registered No. 416

2. FULL NAME Henry Roesing,

(a) Residence. No. 4864 Hanover Pl., St. Louis, Missouri. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 16, 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
52	52	6	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Buder Bldg.,

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

PARENTS

10. NAME OF FATHER Ben Roesing

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT L. A. BRADBURY, M., D.
(Address) U.S. Hosp. Jefferson Barracks,
(Acting Clinical Director.)

15. Nov 22 FILED, 19 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 21, 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1929, to Nov. 21, 1929 that I last saw him alive on November 21, 1929, and that death occurred, on the date stated above, at 11:40 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

97 (duration) Un yrs. kn mos. own ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis, general

(duration) Un yrs. kn mos. own ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF No

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings

(Signed) W. C. GIBSON, M.D., M. D
Medical Officer In Charge
, 19 (Address) U.S. Vet. Hosp. Jefferson Bks., 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 National

DATE OF BURIAL Nov 15 1929

20. UNDERTAKER Frank Hetlage,

ADDRESS 3125 Lafayette, St. Louis, Mo.

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.

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