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

Do not use this space.

17523

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 4600

City St Louis (No. St Johns Hospital St. ..... Ward)

2. FULL NAME Henry J. Roettger

(a) Residence. No. 3217 S. Grand Blvd. St., 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 29 1875

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
54	6	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Real Estate 60
(b) General nature of industry, business, or establishment in which employed (or employer) Proprietor
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Philip Roettger

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

12. MAIDEN NAME OF MOTHER Elizabeth Luedeke

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

14. INFORMANT Anna Roettger
(Address) 3217 So. Grand Blvd

15. FILED ..... 19.. Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7 1930

17. I HEREBY CERTIFY, That I attended deceased from May 3, 1930, to May 7, 1930 that I last saw him alive on May 7, 1930, and that death occurred, on the date stated above, at 1:30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intestinal obstruction caused by impacted fecolith (duration) — yrs. — mos. 6-7 ds.

CONTRIBUTORY (SECONDARY) Acute toxic myocarditis (duration) — yrs. — mos. 1/2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF May 6-1930
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? surgical operation

(Signed) R. H. C. Schlueter, M. D.
5/8, 1931 (Address) 514 Metropolitan Bldg

*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 S. S. Peter & Paul — DATE OF BURIAL 5-10 1930

20. UNDERTAKER Kriegshauser Ulco So Kingshighway — ADDRESS 4228

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

N. B.—Every item of info
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