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.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 28515

Township ..... Primary Registration District No. 1003 Registered No. 8420

City St. Louis (No. 1288 Hodiamont Ave. St. ..... Ward)

2. FULL NAME Clementine Roesener

(a) Residence. No. 1288 Hodiamont Avenue City 5 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)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 11 1870.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
59	10	12	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Robert Roehrig

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Washington, (STATE OR COUNTRY) Missouri.

12. MAIDEN NAME OF MOTHER Anna Oventrop

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

14. INFORMANT Clarence J. Roesener (Address) 1288 Hodiamont

15. FILED AUG 25 1930 Max C. Starkloff REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 23, 1930 19

17. I HEREBY CERTIFY, That I attended deceased from 8/1, 1930, to 8/23, 1930 that I last saw her alive on 8/23, 1930 and that death occurred, on the date stated above, at 6 05 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic nephritis with hypertension

131

82 A

104 (duration) ..... yrs. ..... mos. 22 ds.

CONTRIBUTORY (SECONDARY) Hemiplegia Apoplectic

(duration) ..... yrs. ..... mos. 3 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?

(Signed) J. D. Stoelzle, M. D.

8/23, 1930 (Address) 12 N. Central - Clayton

*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 St Peters Cem. DATE OF BURIAL 8-25-1930

20. UNDERTAKER Geo. L. Fleitsch ADDRESS 5966 Easton

Dr Staelzle
12 No Central
Clayton Mo.