

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

Do not use this space.

34525

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. 4011 7. 23rd.) St. _____ Ward _____

File No. _____
 Registered No. **9901**

2. FULL NAME

Andreas Roeszler
 (a) Residence, No. 4011 7. 23 St., 20 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 38 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.
 (If nonresident, give city or town and State)

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 Husband Theresa Roeszler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 17, 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 2 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Furniture Worker
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer Conrades Lohain Co

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Not known
Austria

PARENTS

10. NAME OF FATHER Andreas Roeszler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known
Austria

12. MAIDEN NAME OF MOTHER Not known

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

14. INFORMANT Andrew Roeszler
 (Address) 4011 7. 23rd St.

15. FILED 17 19 Mar 6 Starkloff REGISTRAR

20 MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 15, 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1930, to Oct. 15, 1930, that I last saw him alive on Oct. 14, 1930, and that death occurred, on the date stated above, at 4:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis (general)
 (duration) yrs. mos. ds.

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) C. F. Heuke M. D.

Oct. 17, 1930 (Address) 2206 Howard St.

*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

Friedens Cem. Oct 17 1930

20. UNDERTAKER ADDRESS

Suedmeyer & Sons 3934 7. 20

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

