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.

File No. 40900
Registered No. 11546

1. PLACE OF DEATH

County ..... Registration District No. 781 ~~1003~~

Township ..... Primary Registration District No. .....

City St. Louis, (No. 3900 Louisiana Avenue. St. ..... Ward)

2. FULL NAME Michael Roederer.

(a) Residence. No. 3900 Louisiana Ave. St., 16 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	Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dont Know. 1860.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About	70.			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Brass polisher.
(b) General nature of industry, business, or establishment in which employed (or employer) Retired 30yrs.
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Valentine Roederer.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany.
12. MAIDEN NAME OF MOTHER Dont Know,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

14. INFORMANT Mrs Louisa Ulrich
(Address) 3900 Louisiana Ave.

15. FILED ..... 19..... Lee C. Fowler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH 12/7

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

17. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1930, to Dec 7th, 1930 that I last saw h~~e was~~ alive on Dec 7th, 1930, and that death occurred, on the date stated above, at 1 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Regurgitation 1 yr
9 yr A
10 b A
..... (duration) ..... yrs. 9 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Acute Bronchitis non Tubercular (duration) ..... yrs. ..... mos. 2 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) H. C. Klaspus, M. D.
12/8, 1930 (Address) 3801 S. Broadway.

*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
SS. Peter & Paul Cemetery.	Dec. 7, 1930.

20. UNDERTAKER H. Gerken L & D Co. ADDRESS 2842 Meramec St.