

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

Do not use this space.

4665

1. PLACE OF DEATH 85

County Buchanan Registration District No. 1001

Township _____ Primary Registration District No. _____

City St. Joseph, (No. St. Joseph's Hospital, St. _____ Ward _____)

2. FULL NAME Charles Edward Roesle,

(a) Residence No. 923 Main St., Ward _____ (If nonresident, give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U.S., if of foreign birth? 45 yrs. mos. da.

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 Margaret Roesle,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 21, 1844

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	86	5	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired, 69

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

(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) St. Gallen, (STATE OR COUNTRY) Switzerland, 26

10. NAME OF FATHER John D. Roesle,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Gingen, (STATE OR COUNTRY) Wurtemberg, Germany, 10

12. MAIDEN NAME OF MOTHER Lary Etta Engler,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Gallen, (STATE OR COUNTRY) Switzerland, 26

14. INFORMANT Chas H. Roesle (Address) 923 Main Street,

15. John R. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb'y 18, 1931

I HEREBY CERTIFY, That I attended deceased from Feb 14, 1931 to Feb 18, 1931 that I last saw h. alive on Feb 17, 1931, and that death occurred, on the date stated above, at 7:50 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uræmia and pulmonary
oedema
137
132 B
Adenoma Prostate (duration) 4 yrs. 4 mos. 4 ds.
obstructing (duration) 3 yrs. - mos. - 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 Serum & Cerebrospinal
 (Signed) Charles A. Good, M. D.
Feb 18, 1931 (Address) St Joseph 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 Mount Olivet Cemetery, DATE OF BURIAL Feb'y. 20, 1931

20. UNDERTAKER Heaton-Bethel & Bowman ADDRESS 316 S. 10 St.
Funeral Home

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

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