

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

Do not use this space.

21464

1. PLACE OF DEATH

County Registration District No. 182
 Township Primary Registration District No. 1065
 City St. Louis, Mo. (No. City of Infirmary) St. Ward)

File No.

Registered No. **6031**

2. FULL NAME Herman Roessler

(a) Residence, No. City of Infirmary St., 5800 Arsenal Ward 13
 (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 <u>m</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>?</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 14, 1855</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>5</u>
	DAYS <u>12</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Janitor</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>	
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. <u>-</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1932
 22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to June 26, 1932
 I last saw h. live on June 26, 1932 Death is said to have occurred on the date stated above, at 12:15 P.M.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
936
167
 Other contributory causes of importance:
Senility
 Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Germany</u> <u>10</u>
13. NAME	<u>Gottlieb Roessler</u> <u>9</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Germany</u>
15. MAIDEN NAME	<u>nee Gustina Roessler</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Germany</u>
17. INFORMANT (ADDRESS)	<u>Mr. Hallbrook</u> <u>for Arsenal</u>
18. BURIAL, CREMATION OR REMOVAL PLACE	<u>City Crematory</u> <u>6/29/32</u>
19. UNDERTAKER (ADDRESS)	<u>Paulsch</u> <u>5808 Arsenal</u>
20. FILED	<u>LN 28 1932</u> <u>Max C. Parker</u> Registrar

Name of operation Date of
 What test confirmed diagnosis? Chromal Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) Malcolm M. D.
 (Address) Isolation Hospital

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

2032