

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **10703**
City, Hospital & #1

File No. **41785**
Registered No. **10871**
St. Ward)

2. FULL NAME

(a) Residence, No. **4500 State St.** **14** Ward.

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. (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 **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 27 - 1908**

7. AGE YEARS **23** MONTHS **11** DAYS **10** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Retired**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Chauffeur**
10. Date deceased last worked at this occupation (month and year) **St Louis 1**
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis Mo**

13. NAME **Louis R. Roedner**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis Mo**

15. MAIDEN NAME **Mary Bassette**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Muscatine Iowa**

17. INFORMANT **Louis R. Roedner** (ADDRESS) **2331 W. Broadway**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Remond Park** DATE **12-10** 19. **32**

19. UNDERTAKER **Sticker & Galdale** (ADDRESS) **2331 W. Broadway**

20. FILED **DEC - 8 1932** Registrar **W. H. ...**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 7 1932**

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw him alive on 19... Death is said to have occurred on the date stated above, at 10:40 a.m.

The principal cause of death and related causes of importance were as follows: **80**

Chick's Business (First Second & Third Degree) received when clothing became ignited in explosion of coal
Other contributory causes of importance: **range at residence, while attempting to start fire with 2-... ..**

Name of operation **accident** Date of **12-7-32**
What test confirmed diagnosis? **17** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following: accident, suicide, or homicide? **accident** Date of injury **12-6-32**
Where did injury occur? **St. Louis County**

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. **home**

Manner of injury **explosion of coal range**
Nature of injury **burned fatal third degree**

24. Was disease or injury in any way related to occupation of deceased?
If so, specify **St. Louis County**

(Signed) **J. H. ...** (Address) **Sept 14 1932**

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.

