

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 701**

Do not use this space.

11350

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. 5800) Assenal St. Ward)

File No.
Registered No. 2410

2. FULL NAME

Joshua E. Roetter (Roetter)
(a) Residence, No. 5800 Assenal St., 13 Ward.

(Usual place of abode) City of St. Louis (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 22 yrs. 1 mo. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 23 1857

7. AGE YEARS 82 MONTHS 1 DAYS 26 If LESS than 1 day, hrs. or min.

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

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

MOTHER FATHER 13. NAME PAUL RETTER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

15. MAIDEN NAME Annie Mueller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT Mrs. J. Obermayer (ADDRESS) 427 Bacon St. Neb. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE C. St. Maurice DATE 3-13 1933

19. UNDERTAKER Witt Bros. & Co. (ADDRESS) 229 S. Jefferson

20. FILED MAR 13 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/11/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/1/33, 19, to 3/11/33, 19.

I last saw him alive on 3/11/33, 19. Death is said

to have occurred on the date stated above, at 5:30 a.m.

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

Chronic Myocarditis Date of onset

730

930

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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?

If so, specify

(Signed) Lewis Ent., M. D.

(Address) 5600 Assenal St.

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.

