

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

Do not use this space.

28273

1. PLACE OF DEATH
 County Missouri Registration District No. 791
 Township St. Louis Primary Registration District No. 1003
 City St. Louis (No.) St. Ward

2. FULL NAME Louis Roeder
 (a) Residence, No. 5037 Albert ave. St. 6 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.

File No.
 Registered No. 7407
 St. Ward

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 1 21

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

MOTHER FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT George Roeder
 (ADDRESS) 5037 Albert ave.

18. BURIAL, CREMATION OR REMOVAL
 PLACE St. Peters DATE Aug. 28, 1933

19. UNDERTAKER John A. Genterman
 (ADDRESS) 5037 Albert ave.

20. FILED 28 1933
J. Brebeck
 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/25, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1933, to Aug 25, 1933
 I last saw him alive on Aug 24, 1933 Death is said to have occurred on the date stated above, at 9 AM.
 The principal cause of death and related causes of importance were as follows:

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Chronic Stomach ?
Ch. Myocarditis ?
 Other contributory causes of importance: Heart Failure ?

Name of operation Date of
 What test confirmed diagnosis? Chloroform 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) Stanislav, M. D.
 (Address) 2743 7 2nd

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.

SEP 26 1933

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