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.

NOV 10 1933

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

Do not use this space. 35462

1. PLACE OF DEATH
109 County Warren — Registration District No. 881
Township — Primary Registration District No. 4534 — File No.
2 City Warrenton (No. ... St. ... Ward) — Registered No. 29

2. FULL NAME Emil Roehrig

(a) Residence, No. ... St. ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 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 Hilda Roehrig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 19 - 1881

7. AGE — YEARS 52 — MONTHS 5 — DAYS 20 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney
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) Washington, Mo.

FATHER
13. NAME Carl Roehrig
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Emma Meis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Frederick Roehrig Marthasville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marthasville Mo DATE 10/12 1933

19. UNDERTAKER (ADDRESS) F. W. Nieling Warrenton Mo

20. FILED Oct. 13, 1933 A. W. Nieling Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9th, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 21st 1933 to Oct 9th, 1933
I last saw him alive on Oct 9th, 1933. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:
Angina Pectoris — Date of onset
94a

Other contributory causes of importance:

Name of operation 0 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? 0 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) E. H. Brandt, M. D.
(Address) Warrenton, Mo.