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

Do not use this space.

MAY 25 1934

85

File No. 12005
Registered No. 484

1. PLACE OF DEATH
County Buchanan — Registration District No. ____
Township ____ — Primary Registration District No. 1001
City St. Joseph, Mo. (No. 350 8 Olive Street St. ____ Ward)

2. FULL NAME Walter W. Roedde
(a) Residence, No. 3508 Olive Street St., ____ 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.

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

MARGIN RESERVED FOR BINDING

V. S. No. 2

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22, 1880

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
53	6	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C. B. and Q. Ry.
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) St. Joseph, M
(STATE OR COUNTRY) Missouri

FATHER
13. NAME William Roedde
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

17. INFORMANT Mildred E. Roedde
(ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland DATE Apr 11 25, 1934

19. UNDERTAKER Fleeman Mortuary, Inc.
(ADDRESS) St. Joseph, Mo.

20. FILED APR 24 1934, 19 John R. Bender Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1934, to April 22, 1934
I last saw him alive on April 22, 1934. Death is said to have occurred on the date stated above, at 4:40 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Double Lobar Pneumonia	

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? No
If so, specify ____
(Signed) H. F. Mundy, M. D.
(Address) 404 So 3d st.