

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

Do not use this space.

16126

**1. PLACE OF DEATH**

County Clay Registration District No. 201  
 Township St. Louis Primary Registration District No. 5280  
 City Missouri City (No. 521713) St.          Ward         

File No. 42  
 Registered No.         

**2. FULL NAME** William Roesing

(a) Residence, No. Missouri City St.          Ward.           
 (Usual place of abode)

Length of residence in city or town where death occurred 3 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/19/1853

7. AGE YEARS 79 MONTHS 1 DAYS 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farm  
 10. Date deceased last worked at this occupation (month and year) 2/34 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

13. NAME Roesing

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

15. MAIDEN NAME unknown

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

17. INFORMANT Mrs. James Holt (ADDRESS) Missouri City

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope KCK DATE 6/2 1934

19. UNDERTAKER Geo. H. Long Mortuary (ADDRESS) KCK

20. FILED 6/2 1934 87 Brant Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/31 1934

22. I HEREBY CERTIFY, That I attended deceased from April - 1 1934 to May 31 1934  
 last saw him alive on May 20 1934 Death is said to have occurred on the date stated above, at 2 p.m.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach Date of onset           
From history of case 8 mds  
46  
112  
 Other contributory causes of importance: Age 46

Name of operation          Date of           
 What test confirmed diagnosis?          Was there an autopsy? yes

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? yes  
 If so, specify           
 (Signed) C. J. Aspell, M. D.  
 (Address) Kansas City, Mo

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.

JUN 20 1934

W. A. Bell

Huron Bldg  
W 1103