DEC 13 1934

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

Do not use this space.

41377

1. PLACE OF DEATH

County Deaconess Hospital — Registration District No. 791 — File No.

Township — Primary Registration District No. 1003 — Registered No. 11363

City St. Louis, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Unnamed Roehm

(a) Residence, No. Sappington Mo St., N.R. 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: Female
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) 11-29-34

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, 1/2 hrs. or min.

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.
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. L. Mo.

FATHER
13. NAME Michael Roehm
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Martha Schniepp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Father Sappington

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia Cem DATE Nov 30 1934

19. UNDERTAKER (ADDRESS) John L. Ziegenhein & Sons 7027 Gravois

20. FILED NOV 30 1934 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1934, to Nov 29, 1934

I last saw her alive on Nov 29, 1934 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:

Atelectasis

Placenta Praeva Centralis

Contributing cause.

Child lived 1/2 hour.

Date of onset

Other contributory causes of importance:

160 Bsee above

1684

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) R. H. Fuhrmann, M. D.

(Address) 4247 S. Grand

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.

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