

APR 9 1935

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

Do not use this space.

11319

## 1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1008**  
City St. Louis (No. City Hospital #1) St. .... Ward)

File No. ....  
Registered No. **2977**

2. FULL NAME Frank Freeman  
Roedesheimer(a) Residence, No. 1103 Tyler St., 26 Ward.Length of residence in city or town where death occurred 2 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## 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 Mary Roedesheimer6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
52 3 24

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Grocery  
10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleville Illinois13. NAME Mike Roedesheimer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Mary Ellen Trent16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Mary Roedesheimer 1103 Tyler18. BURIAL, CREMATION, OR REMOVAL PLACE Belleville, Ill. DATE March 31, 193519. UNDERTAKER (ADDRESS) A. H. McLaughlin 1631 Missouri20. FILED MAR 30 1935 J. Bredeck Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... 8:30PM

The principal cause of death and related causes of importance were as follows:

Lye Poisoning, self-administered at residence, March 28, 1935, at about 10:45 A.M., while suffering temporary mental aberration

Other contributory causes of importance: 163Name 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? suicide Date of injury 3/28, 1935  
Where did injury occur? Saint Louis, Mo.  
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. HomeManner of injury Poison

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Frank A. Kelly M. D.(Address) 1631 MissouriRegistrar 3/30/35

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.

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