

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.

JUN 12 1933

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

Do not use this space.

17966

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St Louis** (No. **En**)

File No. **4284**
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. **3122 - General** Ward. **16**

Length of residence in city or town where death occurred yrs. 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 Margaretta Roever			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26/1883			
7. AGE YEARS 51	MONTHS 7	DAYS 15	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Co			
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) **Germany**

13. NAME **Gerhard Roever**

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

15. MAIDEN NAME **Hermia Mads**

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

17. INFORMANT (ADDRESS) **Margaretta Roever 3122 General St.**

18. BURIAL CREMATION, OR REMOVAL PLACE **St. Marcus** DATE **5-14** 19**33**

19. UNDERTAKER (ADDRESS) **With Bros. Co. 2929 Jefferson**

20. FILED **13** 19**33** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 11th** 19**33**

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
I last saw him alive on 19..... Death is said to have occurred on the date stated above, at **10:00 a.m.**
The principal cause of death and related causes of importance were as follows:

Cor Myocarditis
Other contributory causes of importance: **930**

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?
If so, specify.....
(Signed) **Harold E. Allen**, M.D.
(Address) **513 1/2**

