

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.

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

Do not use this space.

AUG 16 1935

23484

1. PLACE OF DEATH

County Jefferson
Township ~~Jefferson~~
City ~~Jefferson~~ (No.)

Registration District No. 423
Primary Registration District No. 5578

File No.
Registered No. 24
St. Ward)

2. FULL NAME

(a) Residence, No. Mary Roesch St. R1 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3/ SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/16/1935, 19

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

22. I HEREBY CERTIFY, That I attended deceased from July 9th 1935 to July 16, 1935
I last saw him alive on July 16, 1935. Death is said to have occurred on the date stated above, at 9:00 A. M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 24/12/1859

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

7. AGE YEARS 76 MONTHS 7 DAYS 14
If LESS than 1 day, hrs. or min.

Date of onset 7-8-35

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

Enteritis

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Other contributory causes of importance

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

13. NAME Mag Schaeffer

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mary Novotny (ADDRESS) Rock Creek Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. John Cemetery DATE 7/18/35

19. UNDERTAKER Jennich & Hoch (ADDRESS) Fulton Mo.

20. FILED July 17, 1935 Phil J. Kirk Registrar.

Name of operation
What test confirmed diagnosis? No
Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

Where did injury occur?

Manner of injury Non
Nature of injury

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

If so, specify W.C. Dalton

(Signed) Fenton Mo., M. D.
(Address)

RECEIVED

NOV 19 1952

COMMUNICATIONS SECTION
U.S. AIR FORCE
WASHINGTON, D.C. 20330

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