

WRITE PLAINLY, WITH FADING 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.

MAR 5-1937

1. PLACE OF DEATH

County..... Registration District No. 1791
 Township..... Primary Registration District No. 1003
 City ST. LOUIS (No. DEACONESS HOSE)..... St. Ward)

File No. 7989
 Registered No. 1414

2. FULL NAME

FRIEDA ROECKLE
 (a) Residence, No. 4232 PRAIRIE AVE St., 10 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 54 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) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WIFE OF JOHN ROECKLE
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11, 1847
 7. AGE YEARS 89 MONTHS 6 DAYS 19 IF LESS than 1 day,hrs. ormin.
 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. HOUSEWORK
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) WITTENBURG (STATE OR COUNTRY) GERMANY

13. NAME GONRAD ENZ

14. BIRTHPLACE (CITY OR TOWN) WITTENBURG (STATE OR COUNTRY) GERMANY

15. MAIDEN NAME UNKNOWN SCHVENB

16. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY) GERMANY

17. INFORMANT John Roeckle (ADDRESS) 4232 Prairie Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens DATE Feb. 2 1937

19. UNDERTAKER Quedmueller & Sons (ADDRESS) 29340 7th St.

20. FILED 1001 1937 J. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15 1937 to Jan 30 1937

I last saw him alive on Jan 30 1937 Death is said to have occurred on the date stated above, at 7 P. m.

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

End arteritis with gangrene of middle toe of right foot Date of onset

Other contributory causes of importance: Senility

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) H. A. Willemsen, M. D.

(Address) 1511 E. Grand Bl.

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