

MAR 5 - 1937

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

Do not use this space.

8580

1. PLACE OF DEATH

County

Registration District No. **791**

Township **St. Louis**
City **St. Louis**

Primary Registration District No. **6816 Nashville 1003**
(No.)

File No.
Registered No. **2035**
St. Ward

2. FULL NAME **Mary Roggenbau,**

(a) Residence, No. **6816 Nashville** St. **4** Ward. (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

3. SEX **Fem** 4. COLOR OR RACE **Wh** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married** (Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Herman Roggenbau**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 4, 1867**

7. AGE YEARS **69** MONTHS **3** DAYS **12** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **nil**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **N**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation **1**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

13. NAME **Henry Brust**

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

15. MAIDEN NAME **(unknown)**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New Orleans**

17. INFORMANT **Henry Roggenbau** (ADDRESS) **6816 Nashville**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Oak Hill Cemetery** DATE **2-17-37**

19. UNDERTAKER **Louis J. Bossert** (ADDRESS) **Kenwood Ave**

20. FILED **FEB 18 1937** **J. F. Brudeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2/16**, 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **1/15/37**, 19....., to **2/16/37**, 19.....
I last saw **ce** alive on **2/15/37**, 19..... Death is said to have occurred on the date stated above, at **4:20** Am.

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

Acute Myocarditis Date of onset **2/17/37**
1937

Other contributory causes of importance: **Intestinal influenza** **1/15/37**
Cardio-nephritis **1/9/37**
Chronic Arthritis **1927**

Name of operation Date of
What test confirmed diagnosis **Phys. Ex.** 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? **no**
If so, specify
(Signed) **E. E. Truogier**, M. D.
(Address) **2901 Big Bend Pl.**

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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