

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis, (No. 2710 So. Grand Blvd. St. 17 Ward)

File No. **18096**
 Registered No. **4672**

2. FULL NAME Pauline M. Roessler,
 (a) Residence, No. 2710 So. Grand Blvd., St. 17 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carl Roessler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 14, 1872

7. AGE
 YEARS 64 MONTHS 5 DAYS 21
 IF LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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 Unknown Schwartz

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Carl E. Roessler
 (ADDRESS) Jefferson Hotel

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Valhalla Crem. DATE May 7, 1937

19. UNDERTAKER Wagoner Undertaking Co.
 (ADDRESS) 3621 Olive St.

20. FILED MAY 7 1937
 J. Bredeck Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1937
22. I HEREBY CERTIFY, That I attended deceased from January 1937, to May 1, 1937
 (last saw him alive on May 5, 1937. Death is said to have occurred on the date stated above, at 2:30 p.m.)

The principal cause of death and related causes of importance were as follows:
 Carcinoma of Esophagus
 Primary seat probably in lungs
 Other contributory causes of importance: Chronic Bronchial

Name of operation: W.B. Date of: ?
 What test confirmed diagnosis: Chronic Was there an autopsy? Yes

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) Wagoner M. D.
 (Address) 3924 Cass St. St. Louis

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION
 FATHER
 MOTHER

OCCUPATION
 FATHER
 MOTHER

