

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

Do not use this space.

**JUN 12 1937**

1. PLACE OF DEATH.....  
 County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **ST. LOUIS MO** (No. **2006 COLLEGE AV.**) File No. **18283**  
 St. .... Registered No. **4859** Ward.....

2. FULL NAME **GERTRUDE ROEDER**  
 (a) Residence, No. **2006 COLLEGE** St. **9** 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. **9** 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) **WIDOWED**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF **PHILIP ROEDER**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **MCH 16<sup>TH</sup> 1874**

7. AGE YEARS **63** MONTHS **1** DAYS **24** If LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **HOUSE WORK.**

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) (STATE OR COUNTRY) **ST. LOUIS MO.**

13. NAME **JOHN STIENS**

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

15. MAIDEN NAME **THERESA MOGGE**

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

17. INFORMANT (ADDRESS) **Jacob W. Roeder 3607 Madison Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **S.S. PETER-PAUL** DATE **MAY 13<sup>TH</sup> 1937**

19. UNDERTAKER (ADDRESS) **BROCKLAND UND. CO. 1837 HOGAN STR.**

20. FILED **MAY 12 1937** **J. Bredeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **MAY 10<sup>TH</sup> 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 1 1936** to **May 10 1937**

I last saw her alive on **May 10 1937** Death is said to have occurred on the date stated above, at **7:30 P.M.**

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

**Coronary thrombosis** 4 hours  
**Chronic Myocarditis** 2 years

Other contributory causes of importance:  
 Name of operation..... Date of.....  
 What test confirmed diagnosis? **lat** 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) **Arthur Sundt** M. D.  
 (Address) **7707 University Street**

Every item of information 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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