

DEPT. MAR 24 1938

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 96  
Township Carondelet Primary Registration District No. \_\_\_\_\_  
City Wentzville (No. Rock Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 8191  
Registered No. 281

2. FULL NAME

(a) Residence, No. 3402 Arling Ave Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? 36 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-11-1881

7. AGE YEARS 65 MONTHS 8 DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber's laborer

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

10. Date deceased last worked at this occupation (month and year) July, 1936 11. Total time (years) spent in this occupation 15

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

13. NAME Michael Roggen

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

15. MAIDEN NAME Mary Mellett

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

17. INFORMANT Patent (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Sabary DATE 2-17 1938

19. UNDERTAKER Calvin (ADDRESS) 28797 Audingwa

20. FILED 2-11 1938 W. H. Meyer M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-11 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-28, 1937 to 2-11, 1938

I last saw him alive on 2-10, 1938. Death is said to have occurred on the date stated above, at 12:55 Am.

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

Carcinoma of stomach  
Primary Tuberculosis

Date of onset ?  
1935

Other contributory causes of importance: Hyperthrophy of heart

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Specimen 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) Donald James Flanagan, D.  
(Address) Robert Koch Hospital

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.

For affidavit see misc file # 59 - 1938.

Embalsmed by me.

2930

Eugene A. Sullivan  
No 2930