

REC'D MAY 10 1938

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

13003
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **ST LOUIS** (d) Street No. **St Anthony** Registered No. **3607**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **LOA ANNA ELIZABETH ROESER 268** St. **NR DITTMER Mo**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Dr John F. Roeser**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 3-1890**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 37 11 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **House Wife**
9. Industry or business in which work was done, as saw mill, bank, etc. **Home**
10. Date deceased last worked at this occupation (month and year) **4/1/38** 11. Total time (years) spent in this occupation **20**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Morse Mill Mo**

FATHER 13. NAME **William Springmeyer**

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

MOTHER 15. MAIDEN NAME **Elizabeth Viltgen**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dittmer Mo**

17. INFORMANT (ADDRESS) **John F. Roeser Dittmer Mo**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Dittmer Mo** DATE **April 21 1938**

19. FUNERAL DIRECTOR (ADDRESS) **H. Brimmer Home Springs Mo**

20. FILED **J. H. Predeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 18 1938**

22. I HEREBY CERTIFY, That I attended deceased from **April 16 1938**, to **April 18 1938**
I last saw her alive on **April 15 1938**. Death is said to have occurred on the date stated above, at **10** m.
The principal cause of death and related causes of importance were as follows:

Ruptured appendicitis Date of onset **10/1**

Other contributory causes of importance: **Diabetes**

Name of operation **drainage** Date of **4-16-38**
What test confirmed diagnosis? **operation** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **None** 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 **None**
Nature of injury **None**

24. Was disease or injury in any way related to occupation of deceased?
If so, specify **B. H. Mazon M. D.**
(Signed) **B. H. Mazon M. D.**
(Address) **301 S. 1st St. St. Louis, Mo.**

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.

APR 18 1938

John H. Brunner

STATEMENT BY LICENSED EMBALMER

I, *John H. Brunner*, Licensed Embalmer No. *1470*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *John H. Brunner*

..... L. E.

No. *1470* or by Registered Apprentice No.
working under my personal supervision.

Signed *John H. Brunner*

Licensed Embalmer No. *1470*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)