REC'D AUG 12 1938

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

23399
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 2 / 1 ..... 754 / 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 6093

(c) City St. Louis, Mo. (d) Street No. 2918 Cherokee St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(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 Roenfeldt, John H. 571 U.

(a) Residence, No. 2918 Cherokee St. 24
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Emma Willrich Roenfeldt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 1, 1858

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
79	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Teamster

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

10. Date deceased last worked at this occupation (month and year) 20 years ago

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Peter Roenfeldt

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

MOTHER

15. MAIDEN NAME Margaret Grewe

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

17. INFORMANT (ADDRESS) Miss Frieda Roenfeldt 2918 Cherokee

18. BURIAL, CREMATION, OR REMOVAL
PLACE Our Redeemer Cem DATE July 9, 1938

19. FUNERAL DIRECTOR (NAME) Beiderwieden F. H. Inc. (ADDRESS) 1936 St. Louis Avenue

20. FILED JUL 8 1938 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1937, to July 6, 1938
I last saw him alive on July 6, 1938. Death is said to have occurred on the date stated above, at 6:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Senility	

Other contributory causes of importance:

Arthritis Deformans	8 years

Name of operation X Date of X
What test confirmed diagnosis? X Was there an autopsy? X

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 19 X
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 X X X X
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Victor G. Karpher, M. D.
(Address) 3805 Broadway

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.

(Licensed Embalmer's Statement on Reverse Side)

Dr. V. Klaupp
3801 S. Broad
2-3 7-8

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ——

....., or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 3737

P. O. Address 1936 Ft. Louis Ave

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

If this body is not embalmed, above space should be left blank.