28 1939

REC'D MAR 9 1939

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

7899
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis County
(b) Township or (c) City Carondelet Jefferson Bks.
Registration District No. 784
Primary Registration District No. 204
Registered No. 359
(d) Street No. Vet. Hosp. 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 252 Herman Roesing
(a) Residence, No. 4635 Tyrolean Ave., St. Louis, Mo. St.
(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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 5, 1875

7. AGE: Years 63 | Months 7 | Days 20 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stationery fireman.
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) unkn
11. Total time (years) spent in this occupation unkn

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri.

FATHER
13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Clinical Clerk Ver. Adm. Facility
(ADDRESS) Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St Marcus DATE 3-1-39, 19

19. FUNERAL DIRECTOR (NAME) Schumacher Und. Co.
(ADDRESS) 3013 Meramec, St. Louis, Mo.

20. FILED FEB 28 1939, 19 T. R. Meyer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25, 1939.

22. I HEREBY CERTIFY, That I attended deceased from December 20, 1938, to Feb. 25, 1939.
I last saw him alive on Feb. 25, 1939. Death is said to have occurred on the date stated above, at 4:25 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus and Generalized	
Arteriosclerosis.	Unkn.
59	
Other contributory causes of importance:	
Hypostatic Pneumonia, Gangrene, right ankle.	
Right Hemiplegia.	Unkn.

Name of operation none. Date of -
What test confirmed diagnosis? Phys. exam., laboratory findings. 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?
If so, specify

(Signed) C. W. Hughes, M.D., Chief Medical Officer, Veterans Adminis. Facility
(Address) Jefferson Barracks, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

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.

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 George N Archambault, Registered Apprentice No. ..... working under my personal supervision.

Signed George N Archambault

Licensed Embalmer No. 2906

P. O. Address 3013 Miram

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

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