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.

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

Do not use this space.

DEC'D OCT 12 1939

1. PLACE OF DEATH
County Gasconade 37
Township Roark
City ~~Hermann~~ 526 (No. ..... St. ..... Ward)
Registration District No. 303
Primary Registration District No. 5420
File No. 32377
Registered No. .....

2. FULL NAME Herman Romeiser

(a) Residence, No. ..... St., ... 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. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Romeiser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1 - 1861

7. AGE Years 78 Months 7 Days 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
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) Hermann

FATHER
13. NAME Mike Romeiser
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy Ill.

MOTHER
15. MAIDEN NAME Tina Petrus
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hermann

17. INFORMANT (ADDRESS) R. D. Poeschel

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hermann DATE 9/24/39

19. UNDERTAKER (ADDRESS) G. Rudiger

20. FILED 9-25 1939 Anna K. Rickhoff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 19..., to ....., 19....
I last saw h..... alive on Treated, 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Heart Disease
Coroners
Investigation

Date of onset

Other contributory causes of importance:

200 A

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

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. A. Bunge M. D.
(Address) Coroner Bland Mo

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