

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

Do not use this space.

21986

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis Mo. On City Asp #

File No. ....

Registered No. **6152**

St. .... Ward)

**2. FULL NAME**

Annie Roessing

(a) Residence. No. 915 A S. 9<sup>th</sup> St. 2<sup>nd</sup> 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**

female

**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

Henry Roessing

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

July 23-1867

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>60</u>	<u>10</u>	<u>15</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

St. Louis Missouri

(STATE OR COUNTRY)

**10. NAME OF FATHER**

Clem Kustina

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Bohemia

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

Annie Unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Bohemia

(STATE OR COUNTRY)

**14.**

INFORMANT Mr. Henry Roessing

(Address) 915 A S. 9<sup>th</sup> St.

**15.**

Filed Nov 2 1928 New C Starkey REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

June 7 1928

**17.**

I HEREBY CERTIFY, That I attended deceased from .....

that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... 3:20 A.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Myocarditis

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

**18. DID AN OPERATION PRECEDE DEATH. DATE OF.....**

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

J. W. Kernal, M.D.  
6/8, 1928 Dep. Coroner

\*State the DISEASE CAUSING DEATH, in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

New St Marcus Cem. June 9 1928

**20. UNDERTAKER**

**ADDRESS**

E. J. Schmus 3125 Lafayette Ave

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

