R 28 1930

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

Do not use this space.

6132

1. PLACE OF DEATH

County St Charles — Registration District No. 760 — File No.

Township Dardenne — Primary Registration District No. 6001 — Registered No. 138

City ~~O'Fallon~~ Mo (No. ..... St. ..... Ward)

2. FULL NAME Mrs Marie Roeper

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pete Roeper widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 9 - 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	11	13	

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) Unknown
(STATE OR COUNTRY) Franklin Co Mo

PARENTS

10. NAME OF FATHER Hy Uiegmann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Marie Uiegmann

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

14. INFORMANT Pete Roeper
(Address) St Peters Mo

15. FILED 3/10/30 J M Jenkins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 22 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1930, to Feb. 22, 1930 that I last saw her alive on Feb. 21, 1930, and that death occurred, on the date stated above, at 2 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic unknown disease

200B (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 205B (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) L. C. Ahrens, M. D
, 19 (Address) O'Fallon, Mo

*State the DISEASE CAUSING DEATH, or 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
All Saint Cemt.	Feb 25th 1930
20. UNDERTAKER	**ADDRESS**
Hy Wahrhausen	St Peters 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.