

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

Do not use this space.

3034

1. PLACE OF DEATH

County Shrewsbury Registration District No. 788
 Township Shrewsbury Primary Registration District No. 4471
 City Shrewsbury (No. 19 St. Charles Pl.) St. _____ Ward _____

File No. _____
 Registered No. 2
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 19 St. Charles Pl. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5th - 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 10 28

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 930

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 62

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 750

13. NAME Charles Roedecker

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

15. MAIDEN NAME Hennieta Gaus

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

17. INFORMANT (ADDRESS) Paul C. Wehner

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Jan 4th - 1933

19. UNDERTAKER (ADDRESS) Aug Brockland & Co. Co
1421 N. 9th St.

20. FILED 1/3 1933 BY D. W. Westman
2. Calvary Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 1933

22. I HEREBY CERTIFY That I attended deceased from Dec 31, 1932 to Jan 2, 1933

I last saw him alive on Jan 1, 1933. 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:

Acute lardias
ilitation
Bronchopneumonia
 Date of onset _____

Other contributory causes of importance: Heart

General
Apoplexy
Chorea

Name of operation _____ Date of _____
 What test confirmed diagnosis Cluvel 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 le
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) W. J. O'Connell, M. D.
 (Address) Webster Street Mo

