

CORONER'S CERTIFICATE OF DEATH STATE OF ILLINOIS

STATE OF ILLINOIS

DIST. NO. 89 REG. NO. 278

1. PLACE OF DEATH
 (If outside corporate limits, write RURAL and give township)
Champaign ILLINOIS

2. USUAL RESIDENCE (Where deceased lived, if first residence before admission)
 a. STATE Illinois b. COUNTY Champaign

3. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Champaign

4. STREET ADDRESS (If rural, give location)
509 S. Willis

5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)
Walter a. (First) Roettger b. (Middle) c. (Last)

6. LENGTH OF STAY (in this place)
16 yrs

7. DATE OF DEATH (Month) (Day) (Year)
September 11, 1951

8. SEX M **9. COLOR OR RACE** White **10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify)
Married

11. DATE OF BIRTH August 28, 1902 **12. AGE** (In years; if under 1 year, last birthday) Months Days Hours Min.
49

13. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)
PROFESSOR **14. KIND OF BUSINESS OR INDUSTRY**
Uni. of Illinois

15. BIRTHPLACE (State or foreign country)
St. Louis, Mo. **16. CITIZEN OF WHAT COUNTRY?**
U.S.

17. FATHER'S NAME Gustave Roettger **18. MOTHER'S MAIDEN NAME**
Minnie Kuelker

19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
 20. SOCIAL SECURITY NO.

21. INFORMANT
 a. Signature Mrs. W. J. Roettger b. Address 509 S. Willis c. Relationship to the deceased Wife

19. CAUSE OF DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
 *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury or complication which caused death. ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).
 Direct cause (a) Business car accident
 Antecedent causes (b) none
 (c) none

II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death, but not related to the disease or condition causing death

22. INTERVAL BETWEEN ONSET AND DEATH
none

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) suicide **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) none **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**
Champaign Champaign Ill

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 11 51 4:30 m. **21e. INJURY OCCURRED** While at work Not While at Work **21f. HOW DID INJURY OCCUR?**
self inflicted razor wounds

22. I hereby certify that I made inquiry into the cause and manner of this death, and that I find the deceased herein described died from the causes and on the date as stated above.

23a. SIGNATURE [Signature] **CORONER** **23b. DEPUTY CORONER** **23c. DATE SIGNED**
Sept. 11, 1951

BURIAL-REMOVAL-CREMATION (date) September 17, 1951

PLACE
 Cemetery River View
 Location Streator, Illinois

FUNERAL DIRECTOR
 Firm Name Millendorfs Funeral Home
 Address 301 W. University Ave. Champaign, Ill.
 Signature [Signature] License Number 11662

RECEIVED FOR FILING ON: September 17 1951
 Signed: [Signature] **SUB REGISTRAR**
[Signature] **DEPUTY REGISTRAR**
 LOCAL REGISTRAR: [Signature] **ILLINOIS**
 Address: Champaign
 Reserved For State Office