

REC'D MAY 13 1938

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

14588
Do not use this space.

1. PLACE OF DEATH
(a) County WASCONAGE Registration District No. 303
(b) Township _____ Primary Registration District No. 4182 Registered No. _____
(c) City HERMANN (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ALVINE LOUISE ROETHEMEYER 356
(a) Residence, No. 116 E. FIRST St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 28 - 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>61</u>	<u>3</u>	<u>7</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. millman
10. Date deceased last worked at this occupation (month and year) 5 - 1934 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO

13. NAME F. Wm Roethe meyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Maria Gerling
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Laura Roethemeyer Hermann Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hermann City Cem DATE 4/8 1938

19. FUNERAL DIRECTOR (ADDRESS) Hugo H. Blumer Hermann, Mo
4-8 38 Anna K. Ruckhoff
Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 5 - 1938

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1935, to Apr. 5, 1938
I last saw him alive on Apr. 4, 1938. Death is said to have occurred on the date stated above, at 4:30 A. M.
The principal cause of death and related causes of importance were as follows:
Mitral valvular lesion
arterio-sclerosis

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Steth. 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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W. H. Jeter, D.O.
(Address) Hermann, Mo.

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.

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STATEMENT BY LICENSED EMBALMER

I, Hugo H Blum, Licensed Embalmer No. 3160

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Hugo H Blum

L. E.

No. 3160 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Hugo H Blum

Licensed Embalmer No. 3160

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)