

LED MAR 19 1941  
Registration District No. **780**

Primary Registration District No. **4466**

1. PLACE OF DEATH:

(a) County St. Genevieve  
(b) City or town St. Genevieve  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Genevieve  
(c) City or town St. Genevieve  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULLNAME CATHERINE ROTH

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Anderson Roth 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 5 1868  
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 12 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Genevieve Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Bernard Gaunay

13. Birthplace Talada Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Walcott

15. Birthplace St. Genevieve Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frank Paulsbury

(b) Address 4266 Notre St Louis Mo

17. (a) Burial (b) Date thereof Feb 19 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Genevieve Mo

18. (a) Signature of funeral director Geo E. Bagler

(b) Address St. Genevieve Mo

19. (a) Feb 19/41 (b) T.W. Douglas  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16 year 1941 hour 7 minute 40 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to Feb 16, 1941;  
that I last saw h. or alive on Feb 16, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cordeae Myocardium  
Chronic hypertrophy  
Chronic Myocarditis  
arterio-hypertension  
Due to \_\_\_\_\_  
Due to Cerebral Sclerosis  
Arterio Sclerosis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations None Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 700

(Specify type of place) \_\_\_\_\_ (e) Means of injury ✓

23. Signature W. J. ... (M. D. or other) W. J. ...

Address St. Genevieve Date signed 2-17-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

5

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Les C. Basler....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Les C. Basler.....

Licensed Embalmer No. 1985.....

P. O. Address He. Henneman W......

**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.)**

**If this body is not embalmed, fact should be so stated above.**