

Registration District No. 4123

Primary Registration District No. 5578

1. PLACE OF DEATH:

(a) County. JEFFERSON

(b) City or town. RURAL ROCK
(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 LIFE
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JEFFERSON

(c) City or town. RURAL 30
(If outside city or town limits, write "RURAL")

(d) Street No. YEAR IMPERIAL 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME ROBERT ROESCH

3. (b) If veteran, name war ✓ 3. (c) Social Security No. none

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced. MARRIED

6. (b) Name of husband or wife. LOUISE ROESCH 6. (c) Age of husband or wife if alive. 79 years

7. Birth date of deceased. FEB 20 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84 2 18 hr. min.

9. Birthplace. JEFFERSON MO
(City, town, or county) (State or foreign country)

10. Usual occupation. FARMER

11. Industry or business. FARMER

12. Name. GEORGE ROESCH

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

14. Maiden name. CHRISTINE WITNEYER

15. Birthplace. MO
(City, town, or county) (State or foreign country)

16. (a) Informant. Robert Roesch

(b) Address. KIMMSWICK MO

17. (a) BURIAL (b) Date thereof. MAY 18 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. ST JOSEPH

18. (a) Signature of funeral director. HEINIGTAG FUNERAL HOME
(b) Address. KIMMSWICK MO

19. (a) 5/16/42 (b) Pat Clement
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 15
year 1942 hour 3:00 minute PM

21. I hereby certify that I attended the deceased from July 1932 to May 15 1942
that I last saw him alive on 5/15/42 and that death occurred on the date and hour stated above.

Immediate cause of death. Chr Myocarditis Duration

Due to.....
Due to.....
Other conditions (include pregnancy within 3 months of death) Identify

Major findings: None
Of operations.....
Of autopsy.....

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) NO
(b) Date of occurrence.....
(c) Where did injury occur?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Pat Clement (Specify type of place) MO
Address Kimmswick MO (e) Means of injury MO
Date signed 5/16/42

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

5000

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 _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Elmer Heiligtag
Licensed Embalmer No. 3571
P. O. Address Himmelsick M

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.