

FILED FEB 13 1943

Registration District No. 205

Primary Registration District No. 4052

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH: St Charles

(a) County John W. Rooster

(b) City or town Wentzville Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none  
(Specify whether \_\_\_\_\_)

In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Charles <sup>92</sup>

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

(d) Street No. Station Phillips 66  
(If rural, give location)

(e) If foreign born, how long in U. S. A? Native years.

3. (a) PRINT FULL NAME John W. Rooster

3. (b) If veteran, name war none

3. (c) Social Security No. 498-20-0882

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28th  
year 1942 hour 4 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
Coroner's Viewing of Body  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if \_\_\_\_\_  
alive \_\_\_\_\_ years

7. Birth date of deceased Oct 28 1862  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
1 Coronary occlusions 10 min.

Due to \_\_\_\_\_

Due to Generalized Arteriosclerosis 10 yrs.  
Sclerosis

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

Major findings: none 94a

Of operations \_\_\_\_\_

Of autopsy none

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

80 1 0 hr. min.

9. Birthplace St Charles Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Fish & Statemesh

12. Name Henry Rooster

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

14. Maiden name Elizabeth Dickert

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

16. (a) Informant Clay Schumaker

(b) Address Wentzville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof DEC 1 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Wentzville

18. (a) Signature of funeral director H. P. Perich

(b) Address Wentzville Mo.

19. (a) Jan-7-43 (Date received local registrar) (b) Gertrude S. Feristel (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature H. P. Perich (M. D. or other) \_\_\_\_\_  
Address St Charles Mo. Date signed 1/3/42

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

5/26/68

**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.....

*P. E. Pluman*

Licensed Embalmer No. 2711

P. O. Address Wentzville, Mo.

**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.**