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

DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
FILED APR 10 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12254

State File No. _____

Registration District No. 319

Primary Registration District No. 6077

Registrar's No. 13

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE
(b) City or town RURAL BEAUVILLE TOWNSHIP
(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 _____ (Specify whether)
In this community 24 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Genevieve 95
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WENDELL ROTH

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

4. Sex male 5. Color or Race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Mary Pittner 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Aug 13 1852 (Month) (Day) (Year)

8. AGE: Years 91 Months 6 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Indianapolis (City, town, or county) Ind. Jersey (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business

12. Name Henry Roth
13. Birthplace Indianapolis (City, town, or county) Ind. Jersey (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Ind. Jersey (State or foreign country)

16. (a) Informant Louis Roth
(b) Address St. Mary's Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-44 (Month) (Day) (Year)
(c) Place: burial or cremation Roth Cemetery

18. (a) Signature of funeral director Geo. C. Seiler
(b) Address St. Genevieve Mo

19. (a) Mar 22/44 (Date received local registrar) (b) T. W. Douglas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1944 hour 2: minute - A.M.

21. I hereby certify that I attended the deceased from Feb 17 1944, to March 20 1944, that I last saw him alive on March 2 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: General passive congestion especially the lungs
Due to Cardiac insufficiency
Due to Arteriosclerosis

Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____

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) Means of injury _____

23. Signature J. A. Wilkerson (M. D. or other) _____
Address St. Mary's Mo Date signed 3/20/44

Duration 2 mos
1 year
U.K.
PHYSICIAN
Underline the cause to which death should be charged statistically.

706

13
Public Health Officer No. 4

District File Number 444-1014

Date Filed 4-29-1914

JUL 29 1914

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 *Lea C. Baker*

Licensed Embalmer No. 1985

P. O. Address *St. Lawrence Miss*

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.