V. S. No. 2
100M—8-43
Rev. 5-17-39
B I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33750 Missouri 2106 P.M.

FILED OCT 23 1944

Registration District No. 7 Primary Registration District No. 1000 Registrar's No. 1024

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2627 Renick St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No. 2627 Renick St. 7
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Stanislaus W. Rother
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Katie
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased May (Month) 7 (Day) 1856 (Year)

8. AGE: Years	Months	Days	If less than one day
88	5	5	hr. ..... min.

9. Birthplace Geschona (City, town, or county) Germany 4 (State or foreign country)
10. Usual occupation Cigar Maker
11. Industry or business .....
FATHER 12. Name John H. Rother 1
FATHER 13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)
MOTHER 14. Maiden name Sophia Pisula
MOTHER 15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Anna Boumann
(b) Address 216 No. 8th. St.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct. 14, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Omaha, Nebraska
18. (a) Signature of funeral director Herman W. Siedenfaden
(b) Address 1802 Union St. St. Joseph, Mo.
19. (a) 10-14-44 (Date received local registrar) (b) Wm. J. Parks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12 year 1944 hour 9 minute 45 P.M.
21. I hereby certify that I attended the deceased from October 7, 1944, to October 12, 1944, that I last saw him alive on October 10, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	6 days
Due to Arteriosclerosis	20 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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) .....
(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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 0
23. Signature D. A. Kyle Martin (M. D. or other)
Address 1097 N. 8th St. St. Joseph, Mo. Date signed 10/12/44

1377 (Licensed Embalmer's Statement on Reverse Side)

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address St Joseph 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.