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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 7 1945

Registration District No. 319

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3695

Primary Registration District No. 6077

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Ste. Genevieve

(b) City or town Rural Beauvais T.S.
(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 1 (Specify whether years, months or days)

In this community LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Ste. Genevieve

(c) City or town RURAL 9C
(If outside city or town limits, write "RURAL")

(d) Street No. Beauvais Twp 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME HENRY E ROTH

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MAY DEAN

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased MAR (Month) 2 (Day) 1882 (Year)

8. AGE: Years	Months	Days	If less than one day
62	10	8	hr. min.

9. Birthplace Ste Genevieve Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name WENDELL ROTH
13. Birthplace TRENTON (City, town, or county) N. J. (State or foreign country)

MOTHER
14. Maiden name MARY LITTERST
15. Birthplace STE GENEVIEVE Co (City, town, or county) MO (State or foreign country)

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

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN-15-45 (Month) (Day) (Year)
(c) Place: burial or cremation ROTH CEM, Ste Genevieve Co Mo

18. (a) Signature of funeral director Leo C. Basler
(b) Address Ste. Genevieve Mo

19. (a) Jan 12 /45 (Date received local registrar) (b) F.W. Douglas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 10 year 1945 hour 9 minute 4 M.

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

Immediate cause of death SUICIDE by STRANGULATION WITH A 1 INCH ROPE BY HANGING

Due to (VERDICT OF JURY)

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) SUICIDE

(b) Date of occurrence JAN 10 1945

(c) Where did injury occur? Ste. Genevieve Co. Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
FARM BARN (Specify type of place)

While at work? — (e) Means of injury Hanging

23. Signature Leo C. Basler Coroner (M.D. or other)

Address Ste. Genevieve Mo Date signed 1/10/45

70 10

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 245-184
Date Filed 2-6-45

FEB 20 1945

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 Leo C. Basler

Licensed Embalmer No. 1985

P. O. Address Ste. Genevieve 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.