

FILED MAY 8 1945  
Registration District No. 306

Primary Registration District No. 6048

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

1. PLACE OF DEATH:

(a) County St Charles

(b) City or town Rural Dardenn ~~Fla~~  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
(Near) Weldon Spring, Mo  
(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

(c) City or town Rural 92  
(If outside city or town limits, write "RURAL")

(d) Street No. Near W ldon Spring, Mo. 0  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME John Roth.

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 Alane Roth

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Feb 21 1871  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>2</u>	<u>4</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER, FATHER {

12. Name John Roth

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

14. Maiden name Kattie Fulz

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

16. (a) Informant Mrs. Roth

(b) Address St Charles, R.F.D 2

17. (a) Burial (b) Date thereof April, 28, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Weldon Spring

18. (a) Signature of funeral director Morris Muschany

(b) Address Wentzville, Mo

19. (a) April 28, 45 E. A. Kestley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25  
year 1945 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1944 to April 25, 1945  
that I last saw him alive on April 17, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 1 min.

Due to Myocarditis 5 yrs

Due to Arterio sclerosis 5 yrs

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

Major findings: None PHYSICIAN  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

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

23. Signature Nicholas J. Honch MD (M. D. or other) MD  
Address 0, Fallon, Mo Date signed 7/27/45

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-7-45

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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

*Morris Mischky*

Licensed Embalmer No. 2461

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.