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ev. 5-17-39  
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36688

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL RECORDS  
**FILED DEC 7 1945** STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_  
Registration District No. 42 Primary Registration District No. 1000  
Registrar's No. 1264

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:  
Mo. Methodist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether  
In this community 40 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town Rural Washington  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1 mile East of St. Joseph on Pickett Rd.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Theodore Henry Roseler  
(b) If veteran, name war none  
3. (c) Social Security No. 491-09-8807

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. day 24th  
year 1945 hour 11 minute 30 P. M.  
21. I hereby certify that I attended the deceased from Nov. 24  
1945, to Nov. 24, 1945  
that I last saw ~~him~~ her alive on Nov. 24 8:30 P.M., 1945  
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 married  
6. (b) Name of husband or wife Marie Roseler  
6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased: January 11 1977  
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 94a  
Of autopsy \_\_\_\_\_

8. AGE: Years 68 Months 10 Days 13 If less than one day hr. min.

9. Birthplace unknown Germany  
(City, town, or county) (State or foreign country)  
10. Usual occupation driver  
11. Industry or business M. K. Goetz Co.  
12. Name Anthony Roseler  
13. Birthplace unknown Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Christina Brauer  
15. Birthplace unknown Germany  
(City, town, or county) (State or foreign country)

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 0

16. (a) Informant Mrs. Theodore H. Roseler  
(b) Address R. R. #4 St. Joseph, Mo.  
17. (a) burial (b) Date thereof Nov 27 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Olivet Cem.  
18. (a) Signature of funeral director Walter Eugene Bowman  
(b) Address 319 South 10th  
19. (a) Dec 3 1945 (b) A. J. Heston  
(Data received local registrar) (Registrar's certificate)

23. Signature Albert H. Mansel (M. D. number) \_\_\_\_\_  
Address 706 Truman St. St. Joseph, Mo. Date signed Nov. 26, 1945

1428 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Duration 1 1/2 hr.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

1907's Henry. B. B. B.

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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 Frank A. Conway

Licensed Embalmer No. 1710

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.**