

No. 2
8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22377

State File No. _____

Registrar's No. 45

FILED JUL 8 1946
Registration District No. 319

Primary Registration District No. 6079

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE

(b) City or town RURAL STE. GENEVIEVE T.S.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 5 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE. GENEVIEVE

(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? NO (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME MARY BETH

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH: Month JUNE day 24
year 1946 hour 2 minute 40 P. M.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife ALBERT F. ROTH

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

7. Birth date of deceased NOV 6 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 17 1946 to JUNE 24 1946
that I last saw him alive on JUNE 23 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Atherosclerosis

Duration 10 yrs.

8. AGE: Years 79 Months 9 Days 18 If less than one day hr. _____ min. _____

9. Birthplace BELLEVILLE ILL
(City, town, or county) (State or foreign country)

Due to _____

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

10. Usual occupation AT HOME

11. Industry or business _____

12. Name JOHN SCHELLMANN

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

14. Maiden name ANABELIA ARNOLD

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Dr. G. J. Elaney

(b) Address St. Genevieve Mo RRA 2

17. (a) REMOVAL (b) Date thereof 6-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE CEMETERY ST LOUIS MO

18. (a) Signature of funeral director Geo. C. Baker

(b) Address St. Genevieve Mo

19. (a) 7-1-46 (b) Geneva M. Harl
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(c) 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 _____

23. Signature Arthur E. Sullivan (M. D. or other) M.D.

Address 566 Commercial St. No. Date signed 6-25-46

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

MOTHER FATHER

353

(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 Leoc. Basher

Licensed Embalmer No. 1985

P. O. Address St. 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.