

FILED NOV 8 1947
Registration District No. 263

Primary Registration District No. 6236

State File No. 36891

Registrar's No. 16

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

1. PLACE OF DEATH:
 (a) County Warren
 (b) City or town Rural--Charrette
(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 71 years (Specify whether years, months or days)
 In this community 71 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Edward Roehrig
 3. (b) If veteran, name war None
 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 Mary Roehrig
 6. (c) Age of husband or wife if alive 82 years
 7. Birth date of deceased February 26 1868
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 0
If less than one day hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Carl Roehrig

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

14. Maiden name Emma Mies

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

16. (a) Informant Bernard Roehrig

(b) Address Marthasville, Mo.

17. (a) Burial (b) Date thereof 10/29/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dutzow, Mo.

18. (a) Signature of funeral director William H. Lupton

(b) Address Marthasville, Mo.

19. (a) Oct 28 1947 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Warren
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 2 miles East of Dutzow, Mo.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26 year 1947 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from May 1942 to Oct 26 1947
 that I last saw him alive on Oct 24 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Chorea Myocardia
 Duration 5 yr

Due to Intestinal Nephritis 5 yr

Due to
 Other conditions 3 yr
(Include pregnancy within 3 months of death)

Major findings: Of operations 3 yr
 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?

While at work? [Signature] (Specify type of place)
 (c) Means of injury [Signature]

23. Signature [Signature] (M. D. or other) MD
 Address Marthasville, Mo. Date signed 10/28/47

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed NOV 7 1947

NOV 9 1947

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 *Almont F. Lichtenberg*
Licensed Embalmer No. 4318
P. O. Address Marthasville, 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.