No. 300
10-48

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FILED AUG 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29082

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4469 Registrar's No. 53

1. PLACE OF DEATH
a. COUNTY: STE. Genevieve
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): STE Genevieve
c. LENGTH OF STAY (In this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 815 North 4th St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: STE. Genevieve
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): STE. Genevieve 0951
d. STREET ADDRESS (If rural, give location): 815 North 4th St 0

3. NAME OF DECEASED (Type or Print)
a. (First): STANISLAUS
b. (Middle): JOSEPH
c. (Last): ROTH

4. DATE OF DEATH (Month) (Day) (Year): July 29 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JUNE 10 1911
9. AGE (In years last birthday): 39 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: LIME MFG. Co
11. BIRTHPLACE (State or foreign country): STE GENEVIEVE MO
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JOHN A. ROTH
13b. MOTHER'S MAIDEN NAME: ELEANOR LAROSE
14. NAME OF HUSBAND OR WIFE: SELMA SCHERER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 490-01-9568
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Selma Roth Ste. Genevieve Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Broncho Pneumonia — 2 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 156A

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 24, 1950, *to* July 29, 1950, *that I last saw the deceased alive on* July 29, 1950, *and that death occurred at* 7:55 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Arthur E. Sexauer M.D.
23b. ADDRESS: Ste. Genevieve Mo
23c. DATE SIGNED: 7-29-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: July 31 1950
24c. NAME OF CEMETERY OR CREMATORY: VALLE SPRING
24d. LOCATION (City, town, or county) (State): STE. GENEVIEVE MO

DATE REC'D BY LOCAL REG.: Aug. 10, 1950
REGISTRAR'S SIGNATURE: L. D. Karl per Teresa M. Karl
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Leo C. Basler Ste. Genevieve Mo

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 19 1950

RECEIVED
AUG 16 1950
DISTRICT HEALTH OFFICE No. 4
File No. _____

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 _____ Student Embalmer No. _____ working under my personal supervision.

Signed Adrian J. Ehler

Signed _____
Student Embalmer

Licensed Embalmer No. 4740

P. O. Address Ste. Genevieve

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.