

FILED OCT 19 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33145

BIRTH NO. _____		REG. DIST. NO. 116		PRIMARY REG. DIST. NO. 3020		Registrar's No. 143		
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Warren				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Washington		c. LENGTH OF STAY (in this place) 2 weeks		c. CITY (If outside corporate limits, write RURAL and give township) Rural (Elkhorn twnbsp.) 1090				
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				d. STREET ADDRESS (If rural, give location) southwest of Warrenton				
3. NAME OF DECEASED (Type or Print) a. (First) Herman		b. (Middle) August		c. (Last) Roewe		4. DATE OF DEATH (Month) (Day) (Year) Oct. 5, 1950		
5. SEX 0 male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 6, 1860		9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 11	IF UNDER 24 HRS. Days 29 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm owner		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Warren County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Simon Roewe		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Julia Ridder, decd.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Florence Roewe Treloar, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis DUE TO (c) Fractured Left Neck of Femur II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 1 week 6 wks 2 weeks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Warrenton Warren Mo.				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 28 1950 8 <sup>PM</sup>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fall				
22. I hereby certify that I attended the deceased from Sept 21 1950, to Oct 5 1950, that I last saw the deceased alive on Oct 5 1950, and that death occurred at 4:30 a.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Herbert H. Schmidt				23b. ADDRESS Warrenton Mo		23c. DATE SIGNED 10-5-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-7-50	24c. NAME OF CEMETERY OR CREMATORY Lippstadt Church Cem,		24d. LOCATION (City, town, or county) (State) Warren County, Mo.			
DATE REC'D BY LOCAL REG. Oct 7, 1950		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE F.W. Nieburg & Co.,		ADDRESS Warrenton, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

OCT 11 1950

RECEIVED

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.

Student .....

Student Embalmer

Signed

*John Lieburg*

Licensed Embalmer No. \_\_\_\_\_

3897

P. O. Address \_\_\_\_\_

Warenton, N.J.

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

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