

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**37950**

State File No. ....

**FILED NOV 2 - 1953**

BIRTH NO. _____		REG. DIST. NO. <u>39</u>		PRIMARY REG. DIST. NO. <u>2079</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>ST. GENEVIEVE</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL STE. GENEVIEVE</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>STE. GENEVIEVE</u>	
c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL STE. GENEVIEVE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL STE. GENEVIEVE</u>		d. STREET ADDRESS (If rural, give location) <u>STE. GENEVIEVE HIGHWAY ROUTE 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STE. GENEVIEVE STAR ROUTE 2</u>							
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>LAWRENCE</u>	b. (Middle) <u>HENRY</u>	c. (Last) <u>ROTH</u>	Month <u>OCT</u>	Day <u>26</u>	Year <u>1953</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG. 7 1887</u>		9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>66</u>	IF UNDER 24 HRS. Hours <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>STE. GENEVIEVE MO.</u>		12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>CONRAD ROTH</u>		13b. MOTHER'S MAIDEN NAME <u>THERESA BAUMAN</u>		14. NAME OF HUSBAND OR WIFE <u>REGINA A. BREITLER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>490-24-5007</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary Roth, Ste. Genevieve Mo. S.R. # 2</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis acute</u>		<u>1 day</u>			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Coronary arteriosclerosis</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct. 26, 1953</u> , to <u>Oct. 26, 1953</u> , that I last saw the deceased alive on <u>Oct. 26, 1953</u> , and that death occurred at <u>9:30 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Rob. Lansing M. D.</u>				23b. ADDRESS <u>Ste. Genevieve Mo</u>		23c. DATE SIGNED <u>10/28/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>OCT 30 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MARY HELP OF CHRISTIAN WEINGARTEN</u>		24d. LOCATION (City, town, or county) (State) <u>MO</u>	
DATE REC'D BY LOCAL REG. <u>Oct 29, 1953</u>		REGISTRAR'S SIGNATURE <u>Lucille Barber</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Barber</u>		ADDRESS <u>Ste. Genevieve Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 28 1953

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

*Adrian J. Ehler*

Licensed Embalmer No. *4740*

P. O. Address

*Ste. Desevigne, M*

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.