No. 300
10.48

0

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

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25165

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6638

1. PLACE OF DEATH
a. COUNTY St Louis Mo.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 6
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) FIRMIN DESLOGE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE ILLINOIS b. COUNTY CARROLTON
c. CITY OR TOWN Hardin
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 8120 8

3. NAME OF DECEASED (Type or Print)
a. (First) MARY b. (Middle) ANNE c. (Last) ROTH

4. DATE OF DEATH (Month) 7 (Day) 18 (Year) 54

5. SEX F **6. COLOR OR RACE** W **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) WID. **8. DATE OF BIRTH** 9-11-63 **9. AGE** (In years last birthday) 90 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) housewife
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (City and State or Foreign Country) MICHAEL-ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME BELLM JOSEPH
13b. MOTHER'S MAIDEN NAME MARY WEBER
14. NAME OF HUSBAND OR WIFE JOHN M. ROTH

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. none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hanks Funeral Home, Hardin, Ill.

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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

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** **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) St. Louis Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4200

22. *I hereby certify that I attended the deceased from* NOV. 30, 1948, *to* 7-18, 1954, *that I last saw the deceased alive on* 7-18, 1954, *and that death occurred at* 8:20 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) A. M. Ahern, M.D.
23b. ADDRESS 1325 S GRAND ST LOUIS MO.
23c. DATE SIGNED 7-18-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 7-16-1954
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Hardin, Ill.

DATE REC'D BY LOCAL REG. JUL 19 1954
REGISTRAR'S SIGNATURE J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hanks F.H. Hardin, Ill.

(Licensed Embalmer's Statement on Reverse Side)

JAN 24 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....J. Allen Davis

Licensed Embalmer No.....40

P. O. Address.....

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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