

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-029437

FILED VS AUG 10 1960

STATE FILE NUMBER

Registration District No. 362 Primary Registration District No. 6235 Registrar's No. 57

ENDED

1. PLACE OF DEATH a. COUNTY Warren				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Warren			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pinckney township		Length of stay in 1b 32 yrs.		c. CITY OR TOWN Marthasville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Marthasville R.R. #3			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rural Route #3		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Freda Middle Justine Last Roewe				4. DATE OF DEATH Month August Day 1 Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-29-1906	9. AGE (last birthday) 54	IF UNDER 1 YEAR Months 3 Days days	IF UNDER 24 HR Hours 10 Min. hrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Warren County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME W. Edw. Stuermann			13b. MOTHER'S MAIDEN NAME Anna Maria Sievert		14. NAME OF HUSBAND OR WIFE Florenz Roewe		
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 Florenz Roewe		Address R.R. #3 Marthasville, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage						INTERVAL BETWEEN ONSET AND DEATH 3 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis						10 yrs	
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 3 attacks of angina pectoris in past 8 yrs.					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY. Hour _____ a.m. _____ p.m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 1952 to Aug 1, 1960 and last saw her alive on July 31, 1960 Death occurred at 9:30 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) F. H. Knigge D.C.			22b. ADDRESS Warrenton, Mo.			22c. DATE SIGNED 8-3-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-4-1960	23c. NAME OF CEMETERY Immanuels E & R Church		23d. LOCATION (City, town, or county) Warren County, Mo.		(State)	
24. FUNERAL DIRECTOR F.W. Nieburg & Co., Warrenton, Mo.				ADDRESS	25. DATE RECD. BY LOCAL REG. AUGUST 4, 1960	26. REGISTRAR'S SIGNATURE Floyd Logan	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____

Signature of Student Embalmer

Signed

John J. Lieburg

Licensed Embalmer No. 3897

P. O. Address Warrenton

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

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