

JRI DIVISION OF HEALTH - BUREAU OF VITAL RECORDS

FILED VS. SEP 14 1960

318

Primary Registration District No. 1003

Registrar's No. 8733

60-032788
STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri				Length of stay in 1b		c. CITY OR TOWN St. Genevieve, Mo	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Firm in Desloge Hospital				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 944 Market St	
3. NAME OF DECEASED (Type or print) First Robert Middle G. Last Roth				4. DATE OF DEATH Month Sept. Day 2 Year 1960			
5. SEX Male		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 9/8/1902	
9. AGE (last birthday) 57		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR 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 Co.		11. BIRTHPLACE (City and state or country) St. Genevieve, Mo	
12. CITIZEN OF WHAT COUNTRY U.S.A							
13a. FATHER'S NAME John F. Roth				13b. MOTHER'S MAIDEN NAME Gidget Roth		14. NAME OF HUSBAND OR WIFE Genevieve	
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. 702-03-8135		17. INFORMANT Address Genevieve Roth, St. Genevieve, 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) CONGESTIVE HEART FAILURE DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE DUE TO (c) IDIOPATHIC MYELOFIBROSIS CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) MARKED HYPERTENSIVE PUNIA 4200 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 4-19-60 to 9-2-60 and last saw her/him alive on 9-2-60 Death occurred at 9:00 AM PM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Richard W. ...				22b. ADDRESS 1528 Swallow Drive		22c. DATE SIGNED 9/3/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-6-60		23c. NAME OF CEMETERY OR CREMATORY Valle Springs Cemetery		23d. LOCATION (City, town, or county) (State) St. Genevieve, Mo.	
24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington				25. DATE RECD. BY LOCAL REG. SEP 6 1960		26. REGISTRAR'S SIGNATURE R. L. Smith M.D.	

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

Student _____
Signature of Student Embalmer

Signed

Robert M. Mur

Licensed Embalmer No. 3744

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.