SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-043271
STATE FILE NUMBER

AMENDED

Registration District No. 319 Primary Registration District No. _____ Registrar's No. 45

FILED DEC 11 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: STE. GENEVIEVE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ZELL — Length of stay in 1b: LIFE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: RFD No. 2 — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: STE. GENEVIEVE
c. CITY OR TOWN: STE. GENEVIEVE — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): RFD No. 2 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First STEPHEN Middle Last ROTH
4. DATE OF DEATH: Month DECEMBER Day 3, Year 1961
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-17-1875
9. AGE (last birthday): 86 — 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): STONE MASON RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): OZORA, MISSOURI
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: JOHN ROTH
13b. MOTHER'S MAIDEN NAME: CATHERINE FRIEDMAN
14. NAME OF ~~HUSBAND OR~~ WIFE: ELIZABETH, GRASS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
17. INFORMANT: MR. ARTHUR ROTH, STE. GENEVIEVE, MO. Address: RFD No. 2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Chronic Valvular Heart disease — INTERVAL BETWEEN ONSET AND DEATH: ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): _____
DUE TO (c): Arteriosclerosis. — ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Oct. 19, 1961, to Dec. 3, 1961 and last saw ~~her~~ him alive on Nov. 26, 1961
Death occurred at 12:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: A. L. Lanning (Degree or title) M.D.
22b. ADDRESS: Ste. Genevieve Mo
22c. DATE SIGNED: 12/4/61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 12-6-1961
23c. NAME OF CEMETERY OR CREMATORY: CALVARY AT VALLE SPRING
23d. LOCATION (City, town, or county) (State): STE. GENEVIEVE, MO.
24. FUNERAL DIRECTOR ADDRESS: JEROME H. STANTON, STE. GENEVIEVE, MO.
25. DATE RECD. BY LOCAL REG.: 4 December 1961
26. REGISTRAR'S SIGNATURE: George F. Wood

(Licensed Embalmer's Statement on Reverse Side)

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 Jerome L. Santen

Licensed Embalmer No. 3817

P. O. Address STE. GENEVIEVE, MO.

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.