

FILED NOV 7 1942

State File No.

Registration District No. 162

Primary Registration District No. 5595

Registrar's No. 34

1. PLACE OF DEATH:
(a) County JEFFERSON
(b) City or town BARNHART, Mo.
(c) Name of hospital or institution: Academy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 20 YEARS
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County JEFFERSON
(c) City or town BARNHART, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME MIKE ROESCH
3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month OCTOBER day 28TH
year 1942 hour 8 minute 40 P. M.

4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ANNA ROESCH
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased JAN 14, 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 25, 1942 to Oct 28, 1942
that I last saw him alive on Oct 28, 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>9</u>	<u>14</u>	hr. min.

Immediate cause of death:
(3) Pneumonia hypostatic 1 week
Due to Infirmitates of old age
Due to Hypertension 5 yr.

9. Birthplace MAXVILLE Mo. 0
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation RETIRED

11. Industry or business FARMER

Major findings: Of operations ✓

12. Name GEORGE ROESCH

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

Of autopsy NONE
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant MRS ANNA ROESCH

(b) Address BARNHART, Mo.

17. (a) BURIAL (b) Date thereof NOV 1 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BURGESS Cem. ANTONIA Mo.

18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME

(b) Address KIMMSWICK Mo.

19. (a) 10/31/42 (b) Ed Clement
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence ✓

(c) Where did injury occur? ✓
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓

While at work? ✓ (Specify type of place) Means of injury ✓

23. Signature Ostman J. Sani M.D. (M. D. or other)

Address Barnhart Mo Date signed 10/30/42

MOTHER FATHER

1266

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

Registered Apprentice No.

working under my personal supervision.

Signed

Arthur W. Heiligton

Licensed Embalmer No.

3872

P. O. Address

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

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

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-21-41
K29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34079

Registration District No. 162

Primary Registration District No. 5995

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Mike Roersch

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m 5. Color or race w

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 14
(Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days _____
If less than one day _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country) mo

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____ Year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: pneumonia hypostatic emb.

Due to: infirmities of old age

Due to: hypertension szys

Other conditions: Bronchitis (chronic)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Oliver S. Smith (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

S 34079

1942