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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41099**

FILED JAN - 9 1942 ✓
Registration District No. _____

Primary Registration District No. **5595**

Registrar's No. **40**

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

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) City or town RURAL

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

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

In this community LIFETIME
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County JEFFERSON

(c) City or town RURAL - ROCK TOWNSHIP
(If outside city or town limits, write "RURAL")

(d) Street No. NEAR MAXVILLE
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME NICK ROESCH

3. (b) If veteran, name war NONE

3. (c) Social Security No. 497-09-1423

4. Sex M. 5. Color or race W

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

6. (b) Name of husband or wife LIZZIE M.

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased: DEC. 29, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 11 7 hr. min.

9. Birthplace: KIMMSWICK Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business GENERAL MERCHANT

MOTHER FATHER {

12. Name JOE ROESCH SR.

13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name ANTIONETTE KATLETZ

15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant MR. EMIL ROESCH

(b) Address LEMAY - Mo.

17. (a) BURIAL (b) Date thereof DEC 9, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MAXVILLE CATHOLIC CEM

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

(b) Address KIMMSWICK Mo.

19. (a) 12/9/42 (b) CA Clement
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 6
year 42 hour 11⁰⁰ minute 9 M.

21. I hereby certify that I attended the deceased from June 12, 1942 to Dec 6, 1942
that I last saw him alive on 12/6/42 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) Senility

Major findings: Of operations 932

Of autopsy _____

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)

23. Signature O. Reuch (M. D. or other) MD

Address Kimmswick Mo. Date signed 12/14/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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1266

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Arthur W. Heiligtag

Licensed Embalmer No. *3872*

P. O. Address *Rumswick 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 this body is not embalmed, fact should be so stated above.