7. S. No. 2
0M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9676

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 319

1. PLACE OF DEATH:

(a) County Buchanan

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

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

(d) Length of stay: In hospital or institution 18 days (Specify whether years, months or days)

In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1406 S. 14th Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Marguerite Sarah Roseler

3. (b) If veteran, name war None

3. (c) Social Security No. 487-14-7256

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Albert J. Roseler

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased December (Month) 23, (Day) 1913 (Year)

8. AGE: Years 29 Months 2 Days 22 If less than one day hr. min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Plating Dept.

11. Industry or business Western Tablet Co.

MOTHER FATHER

12. Name Bertram F. Dycus

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

14. Maiden name Etta Cowin

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

16. (a) Informant Albert J. Roseler

(b) Address U.S. Marine Corp. SanDiego, Calif.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 17, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Herman W. Siebenfaden

(b) Address 1802 Union Str., St. Joseph, Mo.

19. (a) 3-17-43 (Date received local registrar) (b) Rose Heizy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th year 1943 hour 7 minute 35 A.M.

21. I hereby certify that I attended the deceased from 2-27- 1943 to 3-15- 1943 that I last saw her alive on 3-14-43 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Peritonitis -	3 wks
Due to Perforation of Uterus	
Due to Abortion	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Retained infected Secundines + Pelvic abscess

Of autopsy Cecalumitis

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Paul Jorgens (M. D. or coroner)

Address St. Joseph, Mo. Date signed 3-15-43

1253

(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 John H. Hurley

Licensed Embalmer No. 4050

P. O. Address St. Joseph, 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.