S. No. 300
. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4475

BIRTH NO. FILED MAR 8 1954 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 30 20 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY: Franklin.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington.
c. LENGTH OF STAY (in this place): 5 das.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri.
b. COUNTY: Franklin.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington.
d. STREET ADDRESS (If rural, give location): 404 High St.

0362

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): Otto
c. (Last): Roethell

4. DATE OF DEATH (Month) (Day) (Year): Mar. 2nd, 1954.

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 2nd, 1874.
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 8, Days 0 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pipe Worker.
10b. KIND OF BUSINESS OR INDUSTRY: x
11. BIRTHPLACE (City and State or Foreign Country): Berger, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Frank Roethell.
13b. MOTHER'S MAIDEN NAME: Veronica Berend.
14. NAME OF ~~HUSBAND OR~~ WIFE: Christina Roethell.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. — (If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.: 495-12-8269
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Lawrence Holdmeyer — ADDRESS: Washington, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteria-sclerotic C-V-R disease — 15 yrs
DUE TO (c) old age

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Cardiac asthma — 10 days

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
4201
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 21 June, 1942, *to* 2 Mar, 1954, *that I last saw the deceased alive on* 1 Mar, 1954, *and that death occurred at* 8:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Raymond Borgo, MD.
23b. ADDRESS: Washington Mo
23c. DATE SIGNED: 2 Mar 54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 4th, 1954.
24c. NAME OF CEMETERY OR CREMATORY: St. Francis Borgia Cemetery.
24d. LOCATION (City, town, or county) (State): Washington, Mo.

DATE REC'D BY LOCAL REG.: Mar 2, 1954
REGISTRAR'S SIGNATURE: 99-0
25. FUNERAL DIRECTOR'S SIGNATURE: Niebrugge & Witt, Inc.
ADDRESS: Washington, Mo.

(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 .....
Student Embalmer

Signed Jerome G Swoboda

Licensed Embalmer No. 4507

P. O. Address Washington

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.