

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8216**

FILED MAR 22 1954

BIRTH NO.		REG. DIST. NO. <b>116</b>	PRIMARY REG. DIST. NO. <b>3020</b>	Registrar's No. <b>53</b>
1. PLACE OF DEATH a. COUNTY <b>Franklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE: <b>Missouri</b> b. COUNTY <b>Warren</b> <b>1090</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Washington</b>		c. LENGTH OF STAY (in this place) <b>6 hrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Dutzow</b> <b>1</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>none</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b>		b. (Middle) <b>H.</b>	c. (Last) <b>Rohe</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>3/17/54</b>				
5. SEX <b>Male</b> <b>0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> <b>2</b>	8. DATE OF BIRTH <b>Nov. 12, 1875</b>	9. AGE (In years last birthday) <b>78</b> if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer (ret)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Grain Farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Brussell, Illinois /</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>unknown</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Rosie Rohe</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Herbert Rohe, Marthasville, Mo</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute endocarditis</b> ANTECEDENT CAUSES DUE TO (b) <b>Myocardial regurgitation</b> DUE TO (c) <b>410X</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arterio sclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 mo</b> <b>3 yr</b> <b>6 yr</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Jan 19 48</b> to <b>Mar 17 54</b> , that I last saw the deceased alive on <b>Mar 17 54</b> , and that death occurred at <b>1205 m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>[Signature] M.D.</b>		23b. ADDRESS <b>Marthasville Mo</b>		23c. DATE SIGNED <b>3/18/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>3/19/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Vincent's Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Dutzow Missouri</b>	
DATE REC'D BY LOCAL REG. <b>3/18/54</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Fred W. Lichtenberg Marthasville</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

**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

*Fred W. Lichtenberg*

Licensed Embalmer No. 1321

P. O. Address Marthasville, 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.