

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

BIRTH NO. REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 5434 Registrar's No. 165

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <i>Missouri</i> b. COUNTY <i>Franklin</i>	
b. CITY OR TOWN <i>Rural - St. John's</i>	c. LENGTH OF STAY (in this place) <i>10 yrs.</i>	c. CITY OR TOWN <i>Washington</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Washington R.</i>		e. STREET ADDRESS (If rural, give location) <i>R.R. # 2</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Henry</i> b. (Middle) <i>L.</i> c. (Last) <i>Roetheli</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Sept. 18, 1955</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Dec. 8, 1881</i>	9. AGE (In years last birthday) <i>73</i>	10. MONTHS <i>9</i>	11. DAYS <i>10</i>	12. HOURS <i>1</i>	13. MIN. <i>0</i>
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10a. USUAL OCCUPATION (Give kind of work being most of working life, even if retired) <i>Retired Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Farmer</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Berger, Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
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13a. FATHER'S NAME <i>Frank Roetheli</i>	13b. MOTHER'S MAIDEN NAME <i>Veronica Berend</i>	14. NAME OF HUSBAND OR WIFE <i>Susan Roetheli</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No.</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mr. Werner Roetheli</i>	17. ADDRESS <i>Washington R., Mo.</i>
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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		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchopneumonia</i>	ANTECEDENT CAUSES		
	DUE TO (b) <i>Chr. Myocarditis + sh.</i>		
	DUE TO (c) <i>Acute Nephritis</i>		
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.		<i>4222</i>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	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 *Dec. 1954*, to *Sept 18, 1955* that I last saw the deceased alive on *Sept 17, 1955*, and that death occurred at *1:15 A* m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title)	23b. ADDRESS <i>Washington, Mo.</i>	23c. DATE SIGNED <i>9/19/55</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Sept. 20, 1955</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St. Francis Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Washington, Missouri</i>
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DATE REC'D BY LOCAL REG. <i>9/19/55</i>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS <i>St. Louis, Mo.</i>
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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
Signature of Student Embalmer

Signed *Lester A. Witt*

Licensed Embalmer No. *37*

P. O. Address *Washington*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.