

STANDARD CERTIFICATE OF DEATH

FILED JAN 23 1956

State File No.

BIRTH NO. REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): a. STATE Missouri b. COUNTY Cape Gir	
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. CITY OR TOWN Cape Girardeau	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 64 yr		e. STREET ADDRESS (If rural, give location) 45 N Benton	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Francis Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Walter	b. (Middle) Brune	c. (Last) Roth	4. DATE OF DEATH (Month) (Day) (Year) Jan 12 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 25 1891	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Days 17	Hours 17	Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector of Leather Int. Shoe Co.	10b. KIND OF BUSINESS OR INDUSTRY Cape Girardeau Mo.	11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME David Roth	13b. MOTHER'S MAIDEN NAME Rovena Brune	14. NAME OF HUSBAND OR WIFE Cora Roth
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Cora Roth, Cape Gir Mo.	ADDRESS
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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, arteria, 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) Septicemia		24 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Abdominal Abscess DUE TO (c) 5410		2 wks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemorrhage into right adrenal.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Duodenal ulcer. Stictures of Common Bile Duct	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from **20 Dec, 1955**, to **12 Jan, 1956**, that I last saw the deceased alive on **12 Jan, 1956**, and that death occurred at **2:42 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title)	23b. ADDRESS Cape Girardeau, Mo.	23c. DATE SIGNED 3 Jan 56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-14-1956	24c. NAME OF CEMETERY OR CREMATORY Fairmount	24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.
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DATE REC'D BY LOCAL REG. 1-16-56	REGISTRAR'S SIGNATURE [Signature]	44-0	25. FUNERAL DIRECTOR'S SIGNATURE Brinkopf Howell, Cape Gir Mo.	ADDRESS
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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 NEIL H. GROSSHEIMER....., Student Embalmer No. 52 working under my personal supervision.

Student Neil H. Grossheimer
Signature of Student Embalmer

Signed Ed H. Estes.....

Licensed Embalmer No. 356.....

P. O. Address Chicago, Ill......

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.