3. No. 2
M—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1945

Registration District No. 3159

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14495

State File No.

Primary Registration District No. 3059

Registrar's No. 352

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bonne Terre Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre 94
(If outside city or town limits, write "RURAL")
(d) Street No. R. 1 Caledo 1 6
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CLETUS FRANK ROSENER

3. (b) If veteran, name war V

3. (c) Social Security No. 490-03-1428

4. Sex M. 0

5. Color or race W

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

6. (b) Name of husband or wife Bernice Roesner

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Oct (Month) 25 (Day) 1901 (Year)

8. AGE:

Years	Months	Days	If less than one day
43	4	20	hr. min.

9. Birthplace French Village Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Locomotive Engineer

11. Industry or business St. Joseph Lead Co.

MOTHER FATHER

12. Name John Roesner

13. Birthplace St. Francois Co Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Teresa Reinbrecht

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

16. (a) Informant Mrs Cletus Roesner

(b) Address R-1 Bonne Terre

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-45 (Month) (Day) (Year)

(c) Place: burial or cremation St Joseph's Cemetery

18. (a) Signature of funeral director Eberhart Ind Co.

(b) Address 312 Benham Bonne Terre Mo

19. (a) 3-25-45 (Date received local registrar) (b) Otto A Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th year 1945 hour 7 P.M. minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 10 to March 12 1945 that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Injury Verdict
Shock & loss of blood due to Defective Guard rail

Due to Causing accident

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Of autopsy

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) accident
(b) Date of occurrence March 15, 1945
(c) Where did injury occur? Bonne Terre (City or town) St Francois (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? St Joseph Lead Mine (Specify type of place)
While at work? (e) Means of injury

23. Signature Fred J. Miller (M. D. or other) Coroner
Address Farmington, Mo. Date signed 3/16/45

1515

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 445-50 2

Date Filed 4-17-45

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 C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre 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.

S. No. 2B
M—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Mar

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 352

1. PLACE OF DEATH:

(a) County St Francois
(b) City or town Bonne Terre (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Cletus F. Rosener
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct 25 1901 (Month) (Day) (Year)
8. AGE: Years 43 Months 4 Days If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 15
year 1945 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19 ; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(a) Loss of blood due to Shock	
Due to Lacerating Accident	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Left Leg Amputated above knee
Of autopsy

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) accident
(b) Date of occurrence March 15, 1945
(c) Where did injury occur Bonne Terre St. Francois Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? St. Joseph Lead Mines Co. (Specify type of place)
While at work? yes (e) Means of injury by train Collision
23. Signature Earl J. Miller (M.D. or other)
Address Farmington, Mo. Date signed 3/16/45

SUPPLEMENTARY
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

14495