

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

7939

1. PLACE OF DEATH

County.....
 Township St. Louis
 City St. Louis (No. 3020)

791

Registration District No.....
 Primary Registration District No.....
791
103
Low

File No.....
 Registered No. 2310
 St..... Ward.....

2. FULL NAME

William J. Roth

(a) Residence No. 3020 Low ave St., 24 Ward.
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Roth</u>		
6. DATE OF BIRTH (MONTH DAY AND YEAR) <u>June 13 1877</u>		
7. AGE YEARS <u>53</u>	MONTHS <u>8</u>	DAYS <u>5</u>
If LESS than 1 day, hrs. or min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Shoe Salesman 177

(b) General nature of industry, business, or establishment in which employed (or employer). Retail

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER George Roth

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Mo

14. INFORMANT Dena Wehrheim
 (Address) 3020 Low ave

15. FILED 211 133 19 1931
 REGISTRAR Max W. Starnitzky

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 18 1931

17. I HEREBY CERTIFY, That I attended deceased from February 3, 1931, to February 18, 1931 that I last saw him alive on February 17, 1931, and that death occurred, on the date stated above, at 104 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cirrhosis of Liver
124B
92A unknown (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Valvulitis
unknown (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at 240
 IF NOT AT PLACE OF DEATH at 240

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Diagnosis
 (Signed) Charles F. Rottel, M. D.

2-19-1931 (Address) 3123 Lemp Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peter Paul DATE OF BURIAL Feb 21 1931

20. UNDERTAKER Wacker Helderle ADDRESS 2331-5 Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

