

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

Do not use this space.

JAN 14 1935

44689

1. PLACE OF DEATH

County.....
 Township.....
 City **St. Louis, Mo.** (No.....)

Registration District No. **791**
 Primary Registration District No. **1003**

File No.....
 Registered No. **11801**
 St..... Ward.....

2. FULL NAME **John Roth**

(a) Residence, No. **City Infirmary** St. **13** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **43** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **8/13/1855**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 3 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laborer**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Buffalo N.Y.**

13. NAME **Joseph Roth**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Adeline Noble**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany.**

17. INFORMANT (ADDRESS) **J. G. Sullivan 5800 Arsenal**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Dec 14** 19**34**

19. UNDERTAKER (ADDRESS) **J. H. Klebent + Co 1242 Pine Street**

20. FILED **DEC 14 1934** **J. F. Bredeck** Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 11, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 31, 1934** to **Dec 11, 1934**

I last saw him alive on **Dec 11, 1934** Death is said

to have occurred on the date stated above, at **10:30 P.M.**

The principal cause of death and related causes of importance were as follows:

Perforated gastric ulcer Date of onset **12/9/34**

1177 179 34
 Other contributory causes of importance:
Localized peritonitis 12/19/34
Syctic arthritis
Secondary anemia 1931

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify.....

(Signed) **Maurice J. Hart Jr., M. D.**
 (Address) **5600 Arsenal St.**

Property measured. Exact statement of OCCUPATION is very important.

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