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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

JUN 4 1935

Do not use this space.

File No. 14186

Registered No. 7 38

1. PLACE OF DEATH

County St Louis — Registration District No. 788

Township ~~Central~~ — Primary Registration District No. 4471

City Webster Groves, No. Gore ave and Big Bend rd. St. ..... Ward)

2. FULL NAME Ollie H. Roth

(a) Residence, No. 7716 Lindenwood St., ... 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: 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) May 4, 1901

7. AGE: Years 33 — Months 8 — Days 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

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) Shrewsbury Park Mo.

FATHER

13. NAME Frank W. Roth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER

15. MAIDEN NAME Barbara Hettel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Frank W. Roth 7716 Lindenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL Mesnes St Peter & Paul Cem DATE 4/22 1935

19. UNDERTAKER (ADDRESS) Gaughan Und. Co. Inc 7146 Manchester ave

20. FILED 4-22- 1935 Julia R. York Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/19 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him ..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Date of onset

Concussion of brain, Intra-dural hemorrhage, complete separation of cord by compression (severance of cord) caused by luxation complete of the second and third thoracic vertebra. Multiple fracture of ribs. Intra-thoracic hemorrhage caused by multiple puncture of lungs, fractured ribs,

Other conditions of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy 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? .....

If so, specify .....

(Signed) Luke B. Timon, M. D.

(Address) 3716 Jennings Rd.

Lorenzo D. Lom, M.D.

ruptured liver, ruptured spleen, ruptured rt. kidney.

Train + Automobile.
Accident happened at Gore
+ Big Bend.

Secondary cause of death; Hemorrhage, severance of cord and shock.

Verdict of Jury: We the jury find that Ollie Roth came to his death, as a result by being hit in his automobile by a fast passenger train; therefore, we return a verdict of unavoidable accident.