

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

5009  
Do not use this space.

1. PLACE OF DEATH **REC'D MAR 14 1938**  
 (a) **REC'D MAR 14 1938** Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1008**  
 (c) City **St. Louis** (d) Street No. **4333 Gertrude** St. **2**  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **John Roth 300**  
 (a) Residence, No. **4333 Gertrude Ave.** St. **2** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Sophia Roth</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Jan. 14, 1879</b>		
7. AGE YEARS <b>59</b>	MONTHS <b>1</b>	DAYS <b>0</b>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Printer</b>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <b>Blackwell Wielandy Co.</b>	
	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) <b>St. Louis Mo.</b>		
FATHER	13. NAME <b>John Roth</b>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Illinois</b>		
MOTHER	15. MAIDEN NAME <b>Josephine Karr</b>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>		
17. INFORMANT (ADDRESS) <b>Lorenz Roth 4333 Gertrude Ave.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>New St. Marcus</b> DATE <b>2-17 1938</b>		
19. FUNERAL DIRECTOR (ADDRESS) <b>Kriegshauser Mortuaries 4228 So. Kingshighway</b>		
20. FILED <b>FEB 15 1938 J. D. Bredebeck</b>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-14 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 1938**, to **Feb 14 1938**  
 I last saw him alive on **Feb 14 1938**. Death is said to have occurred on the date stated above, at **9:50 P.M.**  
 The principal cause of death and related causes of importance were as follows:  
**Pulmonary Tuberculosis**  
 Date of onset **1932**

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis? **Christians** Was there an autopsy? **no**

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) **Lorenz G. Orthwein**, M. D.  
 (Address) **3728 Washington St., St. Louis, Mo.**

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

50M-7-20-37  
1 X12004

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.

Dr. Aiken

*Beaumont*

*Feb 1964*

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed *Reinhold K. Lohmann*

Licensed Embalmer No. *3395*

**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.)**