

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.

JAN 12 1940 - 791

Registration District No. 2000

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County 2  
(b) City or town St. Louis, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1960 Clara Ave  
(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 Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1960 Clara Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

Otilda L. Roth 300

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Henry

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Sep. 30 1890  
(Month) (Day) (Year)

8. AGE:

Years 49 Months 2 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Evansville Ind.

(City, town, or county) (State or foreign country)

10. Usual occupation

Housewife 1

11. Industry or business

12. Name Otto C. Ritter 6

13. Birthplace \_\_\_\_\_

Germany 6

14. Maiden name Augusta Platch

(State or foreign country)

15. Birthplace \_\_\_\_\_

Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Henry Roth  
(b) Address 1960 Clara Ave St. Louis Mo

17. (a) Burial (b) Date thereof 12-12-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Central Cem. Clayton

18. (a) Signature of funeral director Louis H. Bopp  
(b) Address 131 W. Argonne Dr Kirkwood Mo

19. (a) DEC 10 1939 (b) J. H. Sewing  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month December day 9  
year 1939 hour 2 minute 45 a.m.

21. I hereby certify that I attended the deceased from Aug 15 1938 to Dec 8 1939  
that I last saw her alive on Dec 8 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration Dec 8 to Dec 9 1939  
Due to Arteriosclerosis  
Due to Chronic Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2

23. Signature J. H. Sewing D.C. (M. D. or other) \_\_\_\_\_

Address 15342 W. Pleasant Date signed 11/9/39

MEDICAL CERTIFICATION

PHYSICIAN

Underline the cause to which death should be charged statistically.

OCT 31 1961

**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.....

*Louis H. Boyd*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Louis H. Boyd J*  
Licensed Embalmer No. *921*  
P. O. Address *Pinewood No.*

**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, above space should be left blank.**