

No. 2
1-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26173

FILED JUL 31 1943

State File No.

Registration District No. 317

Primary Registration District No. 3068

Registrar's No. 1700

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Maplewood Nursing Home 4
(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. 7114 Ellendale Pl.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Cora E. Roth

3. (b) If veteran, name war no 3. (c) Social Security No. NO

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George Roth 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased: Nov. 20, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 8 0 hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Richard Cottam

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Eunice Hadlond

15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant George Roth

(b) Address 7114 Ellendale Pl.

17. (a) Cremation (b) Date thereof 7-22-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) JUL 26 1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1943 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from July 10/40
..... 19..... to July 13/43 19.....

that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Mitral Regurgitation Duration 3 yrs

Due to Hypertension - Left sided Hemiplegia

Due to.....

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?

While at work..... (Specify type of place)
(e) Means of injury.....

23. Signature [Signature] (M. D. or other)
Address Cherokee St Date signed 7/24/43

Duration

3 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

DEC 6 1944

MAY 22 1945

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

H. E. Burgess

Licensed Embalmer (No.)

4029

P. O. Address.....

Maplewood

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, fact should be so stated above.