

FILED JAN 12 1944 318

1003

State File No. \_\_\_\_\_

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

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

Registrar's No. 11752

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Johns Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(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. 3311 N. 14th St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Roth

3. (b) If veteran, name war None 3. (c) Social Security No. 497-16-2622

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

6. (b) Name of husband or wife Henrietta Roth nee Wehmeyer (c) Age of husband or wife if alive 69 years

7. Birth date of deceased July 4, 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 5 20 hr. min.

9. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business \_\_\_\_\_

12. Name John Roth

13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Henrietta Roth

(b) Address 3311 N. 14th St.

17. (a) Burial (b) Date thereof 12/28/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) DEC 29 1943 (b) J. F. Brodeur  
(Date registered) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24th  
year 1943 hour 6:30 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Dec 1, 1943 to Dec 24, 1943  
that I last saw him alive on Dec 24, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Cardiac Arrhythmia  
Tonic Cramps  
Due to Ablectasis + Pneumonia  
(Lobar) left upper lobe  
Due to double Ulcer Rt Side

Duration  
12 hrs.  
4 days  
10 days

Other conditions: Cholelithiasis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy as above

PHYSICIAN  
\_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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?

23. Signature J. F. Brodeur (M. D. or other) MD  
While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
Address 4126 1/2 Sherwin Ave Date signed 12/27/43

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

MOTHER FATHER

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**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 Francis A Williamson

Licensed Embalmer No. 3565

P. O. Address St. Louis Mo

**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.**