

FILED OCT 23 1944 318
 Registration District No. _____

Primary Registration District No. 1003

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

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: Jewish Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
38 years (Specify whether 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. 6034a Bartmer ave
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ethel Roth
 3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Sam Roth 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased August 15, 1876
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 1 29 _____ hr. _____ min.

9. Birthplace Galicia Austria - Poland 4
 (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER {

12. Name David Vogel
 13. Birthplace Poland 4
 (City, town, or county) (State or foreign country)
 14. Maiden name Pessie Heinrich
 15. Birthplace Poland 4
 (City, town, or county) (State or foreign country)

16. (a) Informant Sarah Roth
 (b) Address 6034a Bartmer
 17. (c) burial (b) Date thereof 10/15/44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hevre Kedisha Berger Memorial
 18. (a) Signature of funeral director 715 McPherson ave.
 (b) Address _____

19. (a) OCT 15 1944 (b) J. F. Brass
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 14
 year 1944 hour 9:10 minute A. M.
 21. I hereby certify that I attended the deceased from 9:10 to October 14, 1944
 that I last saw her alive on October 13, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 12 hours
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings:
 Of operations _____
 Of autopsy none
 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?

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature Alfred J. ... (M. D. or other) msd
 Address 634 V. O. ... Date signed 10/14/44

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.....

Licensed Embalmer No. 1597.....

P. O. Address.....

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.