6. No. 2
M—2-43
5-17-39
T X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7165

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 370

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town St Louis Missouri Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mt St Rose Sanitorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis
(c) City or town St Louis Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 5277a Plover
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Adolph Roth
3. (b) If veteran, name war ?
3. (c) Social Security No. ?
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Roth
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased June (Month) 12 (Day) 1890 (Year)
8. AGE: Years 55 Months 7 Days 11 If less than one day hr. min.
9. Birthplace Austria (City, town, or county) Hungaria (State or foreign country) 4
10. Usual occupation Iron moulder
11. Industry or business Greens Foundria
FATHER 12. Name Andreas Roth
13. Birthplace Austria (City, town, or county) Hungaria (State or foreign country) 4
MOTHER 14. Maiden name Cecilia Haas
15. Birthplace Austria (City, town, or county) Hungaria (State or foreign country) 4
16. (a) Informant Mary Roth
(b) Address 5277 A Plover Ave 1946
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 21 st (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Edward Koel
(b) Address 3516 N 14 Th Str
19. (a) 2-13-46 (Date received local registrar) (b) Ed McGenan MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11 year 1946 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from 1/24/46 19.. to 2/11/46 1946 that I last saw alive on 2/1/ 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral embolism	3 days
Due to: Sub-acute bacterial endocarditis	4 mo.
Due to:	?
Other conditions (Include pregnancy within 3 months of death): 91a	?

Major findings:
Of operations
Of autopsy Sub-acute bact. endocarditis "Pneumoconiotic" nodules in apices

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Paul F. Barton (M. D. or other)
Address 9101 S. Broadway Date signed 2/12/46

707 (Licensed Embalmer's Statement on Reverse Side)

MAR 15 1948

MAR 25 1948

APR 3 1948

FEB 23 1949

JUN 19 1958

JUL 16 1958

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 Rex E. Campbell

Licensed Embalmer No. 3881

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.