

FILED JAN 13 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11299

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:
5936 Romaine Pl.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
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. 5936 Romaine Pl.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME

William J. Roth

3. (b) If veteran, name war No

3. (c) Social Security No. 492-05-1255

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Theresa

6. (c) Age of husband or wife if alive, years 20

7. Birth date of deceased August 20, 1871
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 10

If less than one day
hr. min.

9. Birthplace Hamburg Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Paint Maker

11. Industry or business Benjamin Moore Paint Co

MOTHER FATHER

12. Name William Roth

13. Birthplace St. Charles Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mathilda Goff

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

16. (a) Informant Patricia Montez

(b) Address 5936 Romaine Pl.

17. (a) Burial (b) Date thereof 1-2-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director J. F. Budeck

(b) Address 1225 Union Blvd.

19. (a) DEC 31 1948 (b) J. F. Budeck
(Date recorded) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30th
year 1946 hour 12:30 minute A M.

21. I hereby certify that I attended the deceased from DEC. 11 1946 to DEC. 30 1946
that I last saw him alive on DEC. 11 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
CHRONIC MYOCARDITIS

Duration
6 mo.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) (c) Means of injury

23. Signature Amelia Smith (M. D. or other) M. J.
Address 1194 Hadrian Ave Date signed 12-30-46

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

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.....

Elms R. Cadwell

Licensed Embalmer No. *4077*

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.