

M-943
v. 5-17-39
K37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State File No. **39345**
Registrar's No. **290**

FILED NOV 19 1947
Registration District No. **306**

Primary Registration District No. **6048**

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

1. PLACE OF DEATH:

(a) County St Charles

(b) City or town Weldon Spring Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles

(c) City or town Weldon Spring Mo
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Susan Elizabeth Roth

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female **5. Color or race** White

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

6. (b) Name of husband or wife Husband John C Roth

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

7. Birth date of deceased Dec 5 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>11</u>	<u>3</u>	hr. _____ min. _____

9. Birthplace Weldon Spring Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Home Duties

11. Industry or business _____

MOTHER FATHER

12. Name William Praz 4

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

14. Maiden name Amie Long

15. Birthplace _____ Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Orin Roth

(b) Address 835 N. Florissant - Ferguson Mo

17. (a) Burial **(b) Date thereof** 11-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Weldon Spring

18. (a) Signature of funeral director Wentzville Mo

(b) Address Wentzville Mo

19. (a) Nov 14 - 47 **(b)** E. A. Ruthley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 8
year 47 hour 5 minute 20 A.M.

21. I hereby certify that I attended the deceased from Jan 1947 to 10-15 1947
(that I last saw her alive on 6-2 1947 and that death occurred on the date and hour stated above.)

Immediate cause of death chronic myocarditis **Duration** 5 yrs

Due to hypertensive cardio vascular disease **10 yrs**

Due to generalized arteriosclerosis **15 yrs**

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 D

23. Signature Lawrence O Behan (M. D. or other) MO

Address O'Fallon Mo **Date signed** 11-12-47

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed NOV 18 1947

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.....

Wm S Salzen....., Registered Apprentice No. *499*
working under my personal supervision.

Signed *R. E. Pitman*.....

Licensed Embalmer No. *2711*

P. O. Address *Westville 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.