S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40451

Registration District No. FILED NOV 25 1947

Primary Registration District No. 3070

Registrar's No. 2337

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Webster Groves 19
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 412 Lee Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 24 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis 96
(c) City or town Webster Groves 19 7
(If outside city or town limits, write "RURAL")
(d) Street No. 412 Lee Ave 4
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph Anthony Roth
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Leota Roth
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased April (Month) 24 (Day) 1889 (Year)

8. AGE: Years 58 Months 6 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace Portsmouth (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Stock Clerk
11. Industry or business Wester Supplies Co
FATHER
12. Name John A. Roth
13. Birthplace (City, town, or county) Indiana (State or foreign country)
MOTHER
14. Maiden name Elizabeth Lowry
15. Birthplace Waverly (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Mrs Elizabeth L. Roth
(b) Address 412 Lee Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem
18. (a) Signature of funeral director Mitterberg Funeral Home
(b) Address Webster Groves, 19 Mo
19. (a) 11-15-47 (Date received local registrar) Cecil A. Sharp MD (Registrar's signature) Mo

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 10
year 1947 hour 9 minute 50 A.M.
21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...;
that I last saw h..... alive on ..... 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	Hrs
Due to Art. Sclerosis of Coronary Art.	yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(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 0
23. Signature Frank P. Garrett MD (M. D. or other)
Address 13a N. Gore, Webster Groves Mo Date signed 11/11/47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DEC 22 1940

DEC 29 1940

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 Albert E Hoppe

Licensed Embalmer No. 2971

P. O. Address 4700 Washington Ave

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.