No. 300
—10-47
5-17-39
P I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 11 1949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41797
Registrar's No. 11172

Registration District No. 318
Primary Registration District No. 1003

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: 2027 a South Third St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
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. 2027 a South Third St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Peter W. Roth

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lottie Roth

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased December (Month) 7 (Day) 1875 (Year)

8. AGE: Years 73 Months 0 Days 16 If less than one day hr. min.

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

10. Usual occupation Cooper

11. Industry or business

FATHER
12. Name August Roth
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Lottie Roth
(b) Address 2027 a South Third St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 27-1948 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director C. Hoffmeister U.&.L.Co.
(b) Address 7814 S. Broadway

19. (a) DEC 27 1948 (Date received local registrar) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23 year 1948 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from December 22, 1948, to December 23 1948 that I last saw him alive on December 23 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Auricular Fibrillation. Myocarditis.	2 days one year
~~Due to~~ Terminal Bronchio-Pneumonia. Chronic Bronchitis	one day one year
Due to	
Other conditions (Include pregnancy within 3 months of death) Senility. Uremia. Bed sores. Infection rt. ankle	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Leroy E Ellison MD (M. D. or other) MO
Address 3610 So Broadway St Louis Mo Date signed 12-24, 1948

(Licensed Embalmer's Statement on Reverse Side)

Dr. Leroy Ellison

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 Louis C. Hoffman D

Licensed Embalmer No. 3471

P. O. Address 7814 S. Broadw

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.