No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30358

State File No.

FILED AUG 23 1952

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2181

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN Pine Lawn
c. LENGTH OF STAY (In this place) 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Shamrock Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jennings
d. STREET ADDRESS (If rural, give location) 5741 Albia Terrace

4128

3. NAME OF DECEASED (Type or Print)
a. (First) Emilie
b. (Middle)
c. (Last) Roth

4. DATE OF DEATH (Month) (Day) (Year) August 18th, 1952

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH May 19th 1870
9. AGE (In years last birthday) 82 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wilhelm Kuehn
13b. MOTHER'S MAIDEN NAME unknownn
14. NAME OF HUSBAND OR WIFE Charles Roth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) ————
16. SOCIAL SECURITY NO. 489-20-7371
17. INFORMANT'S SIGNATURE OR NAME Theodore Roth, 5741 Albia Terrace — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral malacia — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral hemorrhages — 5 years

DUE TO (c) Arteriosclerotic Cardio-vascular disease — unknown

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* 1) Hypertension 2) Left hemiplegia — over 3 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 44.3XX
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 16, 1950, *to* August 18, 1952, *that I last saw the deceased alive on* Aug 18, 1952, *and that death occurred at* 3:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Lewis Lillmann (Degree or title) MD
23b. ADDRESS 8231 Clayton Rd (17)
23c. DATE SIGNED 8/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 8/21/52
24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery
24d. LOCATION (City, town, or county) St. Louis Co., Mo. (State)

DATE REC'D BY LOCAL REG. 8-19-52
REGISTRAR'S SIGNATURE Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Diedrich F. Home — ADDRESS 8319 Hallsferry
(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Eleanor Rovine

Licensed Embalmer No. 3403

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.