No. 500
10.48

FILED JAN 8 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44169

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3369

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GARDENVILLE
c. LENGTH OF STAY (In this place): 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4920 SEIBERT AV.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GARDENVILLE 4820
d. STREET ADDRESS (If rural, give location): 4920 SEIBERT AV.

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE b. (Middle) WALTER c. (Last) ROTH

4. DATE OF DEATH (Month) DEC (Day) 31, (Year) 1952

5. SEX: M.

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: JAN. 26, 19

9. AGE (In years last birthday): 50 | 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): FLORIST

10b. KIND OF BUSINESS OR INDUSTRY: FLORIST (Retail)

11. BIRTHPLACE (City and State or Foreign Country): Frohna, Mo.

12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME: CHRISTIAN ROTH

13b. MOTHER'S MAIDEN NAME: AGNES SCHUESSLER

14. NAME OF HUSBAND OR WIFE: DOROTHY BUESKING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO. (If yes, give war or dates of service): NONE

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S SIGNATURE OR NAME: Mrs. DOROTHY ROTH. ADDRESS: 4920 Seibert Av.

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) Pulmonary embolism — Interval between onset and death: 2

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic nephritis — 10 years
DUE TO (c) Small prostatic tumor — 7 years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Arteriosclerosis — 5 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 592X

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* January 10, 1953, *to* Dec 31, 1952, *that I last saw the deceased alive on* Dec 31, 1952 *and that death occurred at* 9:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Walter L. Kelly (Degree or title) MD

23b. ADDRESS: 9915 Gravois

23c. DATE SIGNED: 12/31/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: Jan. 3, 1953

24c. NAME OF CEMETERY OR CREMATORY: OUR REDEEMER

24d. LOCATION (City, town, or county) (State): ST. LOUIS COUNTY, MO.

DATE REC'D BY LOCAL REG.: 2 Jan 53

REGISTRAR'S SIGNATURE: Norbert R. Donker MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: BEIDERWIEDEN F. H. Inc. 1936 ST. LOUIS AV.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Walter L. Kelley
9715 Gravois
(Until 3 30 pm)

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 Max L. Warfel

Licensed Embalmer No. 4170

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.