

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

30580

State File No.

S. No. 300
V. 10/48

4006
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 25 1953		REG. DIST. NO. <u>317</u>	PRIMARY REG. DIST. NO. <u>531</u>	Registrar's No. <u>2129</u>
1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNIVERSITY CITY</u>		c. LENGTH OF STAY (in this place) <u>12 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNIVERSITY CITY 4366</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1258 HAFNER PLACE</u>		d. STREET ADDRESS (If rural, give location) <u>1258 HAFNER PLACE</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>		b. (Middle) <u>KATHERINE</u>	c. (Last) <u>ROTH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 2 1953</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>SEPT 26 1878</u>	9. AGE (In years last birthday) <u>74</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SEAMSTRESS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOOKHART, INC.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>PILOT Knob MO 0</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>LEO ROTH</u>		13b. MOTHER'S MAIDEN NAME <u>ROSE SINZ</u>	14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>488-12-8687</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LEO A. ROTH SR 1258 HAFNER PL</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>carcinoma of sigmoid.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>c. general metastasis into peritoneal cavity and abdominal wall.</u> DUE TO (c) <u>fracture 153X</u> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>7 years</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION. <u>part op. May 11, 53: ascites metastasis in abdominal wall, peritoneum</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>November 10, 1953</u> to <u>7/31</u> , 1953, that I last saw the deceased alive on <u>July 31, 1953</u> , and that death occurred at <u>10:40</u> a.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Dr. Hermann Weiss M.D.</u>		23b. ADDRESS <u>508 No. 49th</u>	23c. DATE SIGNED <u>8.3.53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-4-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VAL HALLA CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>WELLSFON MO</u>	
DATE REC'D BY LOCAL REG. <u>8-3-53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dumb...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>EARL HILLEMANN OVERLAND MO</u>		

Ben Herman m.d. m.v.
827 21st Street
Grand Ave of
St. Louis
-fms v-t

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 Paul Sherman

Licensed Embalmer No. 3501

P. O. Address Oreland 14th

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.