

FILED FEB 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43964**BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11123**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY: (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY OR TOWN Richmond Heights d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis City Hospital		f. STREET ADDRESS (If rural, give location) 8066 Clayton Rd.	
3. NAME OF DECEASED (Type or Print) a. (First) Lois b. (Middle) M. c. (Last) Roth			4. DATE OF DEATH (Month) (Day) (Year) December 5 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 5, 1925
9. AGE (In years last birthday) 29		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary	11. BIRTHPLACE (City and State or Foreign Country) Quincy, Illinois
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary		10b. KIND OF BUSINESS OR INDUSTRY Caterer	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Herman C. Strankmeyer		13b. MOTHER'S MAIDEN NAME Alma Bornman	14. NAME OF HUSBAND OR WIFE David J. Roth
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. N11 356-12-0114	17. INFORMANT'S SIGNATURE OR NAME David J. Roth
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) New ataxax: Fracture of ribs; suffered in collision between car operated by one James Hamilton in which deceased was a passenger and car operated by Harold Katak on Express Highway, west of Kings Highway about 106 mi Dec 5, 1954 Accident	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION about 106 mi Dec 5, 1954 Accident	
20. AUTO-PSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Express Hwy	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 5 54 12:06	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E8164	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:30 A.M. , from the causes and on the date stated above. 26			
23a. SIGNATURE Patrick C. Taylor Carner		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 12.6.54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-6-54	
24c. NAME OF CEMETERY OR CREMATORY Green Mount		24d. LOCATION (City, town, or county) (State) Quincy, Ill.	
DATE REC'D BY LOCAL REG. DEC 6 1954		REGISTRAR'S SIGNATURE Carl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed..... *J. Wm. D. Ambler*

Licensed Embalmer No..... 365

P. O. Address..... St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.