

FILED FEB 6 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3043**
352
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
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		c. LENGTH OF STAY (In this place) 1 day		c. CITY OR TOWN University City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Faith Hospital				e. STREET ADDRESS (If rural, give location) 1414 Waldron			
3. NAME OF DECEASED (Type or Print)		a. (First) MARY		b. (Middle) ELIZABETH		c. (Last) ROTH	
4. DATE OF DEATH		5. SEX Female					
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 10, 1896		9. AGE (In years last birthday) 60	
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 (City and State or Foreign Country) Quincy, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frederich Pease		13b. MOTHER'S MAIDEN NAME Antonette Evans		14. NAME OF HUSBAND OR WIFE Charles W. 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. None		17. INFORMANT'S SIGNATURE OR NAME Charles W. Roth, 1414 Waldron			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>This does not mean the mode of death, such as heart failure, apoplexy, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute intestinal obstruction with gangrene of cecum ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) adhesions secondary to pelvic lymphangitis. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS arterial stenosis Conditions contributing to the death but not related to the disease or condition causing death. 570.3				INTERVAL BETWEEN ONSET AND DEATH 40 hrs	
19a. DATE OF OPERATION 1/10/57		19b. MAJOR FINDINGS OF OPERATION Volubulus of terminal ileum + cecum				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) _____		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 1/10 , 19 57 , to Jan. 11 , 19 57 , that I last saw the deceased alive on Jan. 11 , 19 57 , and that death occurred at 10:10 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Ann Schneider (Degree or title) M.D.				23b. ADDRESS 4652 Maryland		23c. DATE SIGNED Jan. 11, 1957	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 14, 1957		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. JAN 14 '57		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary, 6633 Clayton Rd. ADDRESS _____			

M. J. B.

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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.....
Fred J. Larmer

Licensed Embalmer No. *478*

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.