

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-039661

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 7940

AMENDED

FILED NOV 8 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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, give TOWNSHIP only) <u>Ballwin</u>		c. CITY OR TOWN <u>Richmond Heights</u>	
Length of stay in 1b <u>8 Months</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Manchester Nursing Home</u>		d. STREET ADDRESS (If outside, give location) <u>7025 Ethel Ave.</u>	
3. NAME OF DECEASED (Type or print) First <u>Emma</u> Middle <u>E.</u> Last <u>Roth</u>		4. DATE OF DEATH Month <u>Oct.</u> Day <u>20th</u> Year <u>1961</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-29-1877</u>
9. AGE (last birthday) <u>84</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	
11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Samuel Fairchild</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Downce</u>	
14. NAME OF HUSBAND OR WIFE <u>George Roth</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Verhon Cottam, 715 Clark</u> Address <u>Webster Groves, Mo.</u>	
18. CAUSE OF DEATH (Enter only one line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremid</u> DUE TO (b) <u>Chronic Glomerulo-nephritis</u> DUE TO (c) <u>Acute Glomerulo-nephritis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>Don't know</u> <u>" "</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease/condition given in PART I (a) <u>Arterio-sclerosis</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Feb. 16 '61</u> to <u>Oct. 17, '61</u> and last saw him alive on <u>Oct. 17th, 1961</u> Death occurred at <u>2:48</u> <u>A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Ralph W. Laffey R.O.</u>		22b. ADDRESS <u>Box 122, Manchester, Mo.</u>	
22c. DATE SIGNED <u>10-20-61</u>		22d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-23-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mount Lebanon</u>	
24. FUNERAL DIRECTOR <u>JAY B. SMITH, Maplewood, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-20-61</u>	
26. REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u>			

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Name of Deceased: George Keith
 Address: 1-2-1-1
 City: U.S.
 State: Ill.
 Date of Death: 10-10-51
 Cause of Death: None
 Place of Death: George Keith
 Name of Embalmer: Vernon Cotton
 Address of Embalmer: 111 Clark
 City: Easton, Ill.
 State: Ill.
 Date of Embalming: 10-10-51
 Name of Embalmer: None
 Address of Embalmer: None
 City: None
 State: None
 Date of Embalming: None

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 H. E. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.