

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009308

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Reg. No. **318** Primary Registration District No. **1003** Registrar's No. **2778**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>minutes</b>	c. CITY OR TOWN <b>University City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DOA Jewish Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>8341 Delcrest</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>ROBERT</b> Middle Last <b>ROTH</b>			4. DATE OF DEATH Month <b>3</b> Day <b>8</b> Year <b>1963</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-19-1898</b>	9. AGE (last birthday) <b>64</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mens Garments, Whsle</b>		11. BIRTHPLACE (City and state or country) <b>Bohemia</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>(Unk) Roth</b>		13b. MOTHER'S MAIDEN NAME <b>(unk)</b>	
14. NAME OF HUSBAND OR WIFE <b>Jennie</b>			15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) (If in war or dates) <b>Yes WW2</b>		
16. SOCIAL SECURITY NO.			17. INFORMANT Address <b>Mrs. Jennie Roth 8341 Delcrest</b>		

18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1+ hrs.</b>
DUE TO (b) <b>Coronary Heart Disease</b>		
DUE TO (c) <b>4200</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>1939</b> to <b>3-1-63</b> and last saw him alive on <b>3/1/63</b> Death occurred at <b>132 P</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Adm. Goldenberg MD</b>		22b. ADDRESS <b>4409 West Pine, St. Louis</b>		22c. DATE SIGNED <b>3/9/63</b>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>3-10-63</b>		23c. NAME OF CEMETERY OR-CREMATORY <b>Chesed Shel Emeth Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>University City, Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Berger Memorial 4715 McPherson</b>			25. DATE RECD. BY LOCAL REG. <b>march 9, 1963</b>		26. REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b>		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 (INSTEAD OF) DATE AMENDED  
 1 VS 300 Rev. 4/59  
 2 40063  
 3 2  
 4 0  
 5 1  
 6  
 7 2  
 8 2  
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 12 92-0  
 13  
 91  
 USE BLACK INK OR TYPEWRITER RIBBON  
 SHOULD READ  
 BY AFFIDAVIT OF

**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



Licensed Embalmer No. 398C

P. O. Address \_\_\_\_\_

**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.**