

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

21753

1. PLACE OF DEATH

County St. Louis
Township Central
City Clayton

Registration District No. 790
Primary Registration District No. 6033
(No. 6400 Ellenwood)

File No.
Registered No.
St. Ward)

2. FULL NAME Frederick S. Roth

(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alles E. Roth

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 7 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 6 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Dry Goods Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Monroe
(STATE OR COUNTRY) Wis.

10. NAME OF FATHER Solomon Roth

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Regina Feist

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Ella E. Roth
(Address) 6400 Ellenwood

15. FILED 6-2, 1928 Katharine W. Sullivan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 2 1928

17. I HEREBY CERTIFY, That I attended deceased from June 2, 1928 to June 2, 1928
that I last saw him alive on June 2, 1928, and that death occurred, on the date stated above, at 3:40 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis chronic
93C Bronchitis chronic
105B (duration) 10 yrs. mos. da.

CONTRIBUTORY (SECONDARY) Bronchiectasis
(duration) several yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 105B
IF NOT AT PLACE OF DEATH

19. WAS THERE AN OPERATION PRECEDING DEATH? No. DATE OF No.
WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Heeneeyan Sale M. D.

6/2, 1928 (Address) 3726 Washington

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla Crematory DATE OF BURIAL June 4 1928

20. UNDERTAKER St. Rindskopf ADDRESS 5216 Pelmar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

