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

Do not use this space.

22081

1. PLACE OF DEATH

County .... Registration District No. 791

Township St. Louis Primary Registration District No. ....

File No. 6253

Registered No. 6253

City St. Louis (No. 3953 Bergen St. .... Ward)

2. FULL NAME William Roth

(a) Residence. No. 3953 Bergen av St. 15 Ward.
(Usual place of abode) Burgen (If nonresident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 9th 1858

7. AGE: Years 70, Months 3, Days 1. If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Stage Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Theatre
(c) Name of employer: Odeon Theatre Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

PARENTS

10. NAME OF FATHER: Conrad Roth
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Elizabeth
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Clara Wiedemann
(Address) 3953 Bergen av

15. FILED 6-11 1928 Wm C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 10th 1928

17. I HEREBY CERTIFY, That I attended deceased from 6-3 1928, to 6-10 1928

that I last saw him alive on 6-6 1928, and that death occurred, on the date stated above, at 5 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia

(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (SECONDARY) None

(duration) ... yrs. ... mos. ... ds.

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

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings etc

(Signed) Robt. G. Teller, M.D.

6/11, 1928 (Address) 1005 Wash. Blvd.

*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: Sunset Hill Burial Park
DATE OF BURIAL: June 13 1928

20. UNDERTAKER: Jno P. Collins
ADDRESS: 928 N Grand

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.