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

Do not use this space.

35468

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1603 Registered No. 10214

City St. Louis (No. 4242W Farlin St. ..... Ward)

2. FULL NAME Philip L. Roth

(a) Residence. No. 4242 Farlin St., 10 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Catherine Appelbaum Roth

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 8 - 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	59		10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Store Mounter
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

2.6

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

2

PARENTS

10. NAME OF FATHER Valentine Ross

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

12. MAIDEN NAME OF MOTHER Catherine Appelbaum

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

1

14. INFORMANT Frank Roth
(Address) 4242W Farlin

15. FILED OCT 18 1929, 19 Max C Starkey REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 18 1929

17. I HEREBY CERTIFY, That I attended deceased from 10/11, 1929, to 10/, 1929 that I last saw him alive on 10/17, 1929, and that death occurred, on the date stated above, at 12 Midnight

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uremia
131 Cardiac decompensation
95B
132B
..... (duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic parenchymatous Nephritis
..... (duration) 5 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? Clinical

(Signed) Alexander J. Kotkis, M. D.
, 19 (Address) 4119 Farlin

*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	DATE OF BURIAL
SS. Peter & Paul	Oct 21 1929
20. UNDERTAKER	ADDRESS
Stroot & Carroll	4600 Natl Bldg

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.