

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

Do not use this space.

39521

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City St. Louis (No. 1035A Weyer Ave.)

File No.....
 Registered No. 11712
 St..... Ward.....

2. FULL NAME

Betty Joy Roth
 (a) Residence No. 1035A Weyer Ave. St. 23 Ward.....
 (Usual place of abode) (If nonresident give city or town and State)
 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-18-1931
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hr. or min.
X X 5

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Claude Roth
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo.
 12. MAIDEN NAME OF MOTHER Sorothy Gurline
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo.

14. INFORMANT Claude Roth
 (Address) 1035A Weyer Ave

15. FILED NOV 23 1931
Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 23 1931
 17. I HEREBY CERTIFY, That I attended deceased from Nov 18 1931 to Nov 23 1931, and that I last saw him alive on Nov 22 1931, and that death occurred, on the date stated above, at 6 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Congenital Cyanosis
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 11/10 / 16/30
 (duration) yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. H. B. [Signature] M. D.
Nov 23, 1931 (Address) 2116 Russell 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 DATE OF BURIAL
Nov St. Peter + Paul Cemetery Nov 24 1931

20. UNDERTAKER ADDRESS
Peltz Bros 3029 Lafayette Ave

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.

Dr Wiener-

2116 Russell Blvd

12-3 Pm