

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

Do not use this space.

13892

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 1140
 10 Township Central Primary Registration District No. 4470
 5 City University City (No. 700, Limit Ave.) St. _____ Ward _____

File No. _____
 Registered No. 40
 St. _____ Ward _____

2. FULL NAME Jean Roth
 (a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) Nov. 14 - 1930
 7. AGE YEARS 1 MONTHS 6 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

FATHER 13. NAME Al Roth

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

MOTHER 15. MAIDEN NAME Henriette Freund

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

17. INFORMANT Al Roth (ADDRESS) 700 Limit Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Sinai Anstaple DATE 4-20 1932

19. UNDERTAKER H. Bindsch (ADDRESS) 5216 Delmar Blvd.

20. FILED April 20 1932 Lina V. Moller Registrar

MEDICAL CERTIFICATE OF DEATH

1
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19 1932
 22. I HEREBY CERTIFY, That I attended deceased from Jan. 29 1930, to Apr. 19 1932
 I last saw her alive on April 19 1932 Death is said to have occurred on the date stated above, at 1:25 p.m.
 The principal cause of death and related causes of importance were as follows:

Congenital heart disease (Date of onset _____)

1570 1570
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19_____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) Park White M. D.
 (Address) Belmont 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.

MAY 28 1934

WHITE-TANNED, WITH IMPAGING INK—THIS IS A PERMANENT RECORD

