

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.

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

Do not use this space.

21156

1. PLACE OF DEATH

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 4133  
City St. Louis, Mo. (No. City, Infirmary)

File No. ....  
Registered No. 5707  
St. .... Ward)

2. FULL NAME

Henry Roth  
(a) Residence, No. 221 South Broadway B3 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF wife dead

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) may 2, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
74 1 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

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) 9 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME Henry Roth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

15. MAIDEN NAME Louise Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Holbrook  
221 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE City Crematory DATE 6-19 32

19. UNDERTAKER (ADDRESS) Georg & Pausch  
1000 Arsenal

20. FILED IN 16 1932 at St. Louis  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15 1932

22. I HEREBY CERTIFY That I attended deceased from June 1 to June 15, 1932  
I last saw him alive on June 15, 1932 Death is said to have occurred on the date stated above, at 10:20 p.m.  
The principal cause of death and related causes of importance were as follows:

Acute Cardiac Decompenation  
93C  
95B  
Chronic Myocarditis  
Date of onset 6/10/32

Other contributory causes of importance: Chronic Myocarditis

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? no  
If so, specify .....

(Signed) J. Coleman, M. D.  
(Address) Evolution Hospital

