

NOV 15 1937

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

Do not use this space.

35728

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1008**
City St. Louis. (No. Good Samaritan Altern. H. St. Ward)
4500 Washington Blvd.

2. FULL NAME Sophia Roeth.

(a) Residence, No. 2716 Utah St. St., 24 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 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) <u>March 3d, 1860.</u>		
7. AGE	YEARS	MONTHS
	<u>77</u>	<u>7</u>
		DAYS
		<u>0</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>House work.</u>
	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.
(STATE OR COUNTRY) Mo.13. NAME Fred Roeth,14. BIRTHPLACE (CITY OR TOWN) Germany,
(STATE OR COUNTRY)15. MAIDEN NAME Margaret Merkel,16. BIRTHPLACE (CITY OR TOWN) Germany,
(STATE OR COUNTRY)17. INFORMANT Margaret Wentz,
(ADDRESS) 2716 Utah St.18. BURIAL, CREMATION, OR REMOVAL
PLACE Old St. Marcus Cem. DATE Oct 6 - 193719. UNDERTAKER Jugisbauer Bros.
(ADDRESS) 2621-23 Cherokee St.20. FILED OCT 5 1937 St. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 3, 1937a

22. I HEREBY CERTIFY, That I attended deceased from
June 18 1937, to Oct 3, 1937
I last saw her alive on Sept 30, 1937. Death is said
to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

auricular fibrillation
chronic myocarditis
arteriosclerosis

Other contributory causes of importance:
arteriosclerosis

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

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) H. F. Bergman, M. D.
(Address) 3720 Washington

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.

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