

REC'D OCT 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH30615
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **1008**
 (b) Township Primary Registration District No.
 (c) City **St. Louis** (d) Street No. **5604 Kingsbury Ct.** Registered No. **8052**
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Caroline G. Roth**

(a) Residence, No. **5604 Kingsbury Ct.** St. **5** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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) **Aug. 9, 1863**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 1 1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At home**

9. Industry or business in which work was done, as 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 **Adam Roth**

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

15. MAIDEN NAME **Margaretha Arnold**

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

17. INFORMANT **Alfred M. Roth** (ADDRESS) **5604 Kingsbury Ct.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellevue Home** DATE **Sep. 12, 1938**

19. FUNERAL DIRECTOR (NAME) **Charles J. Crow** (ADDRESS) **4911 Washington Bl.**

20. FILED **SEP 12 1938** **J. D. Brudick** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 10, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 1937** to **September 10, 1938**

I last saw her alive on **Sept. 10, 1938**. Death is said to have occurred on the date stated above, at **8 P.M.**

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

Carcinoma of Stomach Date of onset **June 1937**

Other contributory causes of importance:

Secondary Anemia

Name of operation **none** Date of

What test confirmed diagnosis? **X-ray** Was there an autopsy? **no**

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) **Hiram H. Huggitt** M. D.

(Address) **3720 Washington Blvd.**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, -----

Elton R. H. Remelius

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Elton R. H. Remelius

Licensed Embalmer No. 3154
3948¹/₂ A. Greer Ave.
P. O. Address St. Louis Missouri

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con
with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, above space should be left blank.