

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

1609
Do not use this space.

REC'D FEB 21 1939

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township St. Joseph Primary Registration District No. 1001 Registered No. 7
 (c) City St. Joseph (d) Street No. 2232 North 22nd St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 300 Charles Frederick Roth

(a) Residence, No. 2232 North 22nd St. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sophia Roth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 28, 1857

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
81	1	5	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
 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) Stewartsville; 0
 (STATE OR COUNTRY) Missouri.

FATHER 13. NAME Frederick Roth 7
 14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Switzerland 7

MOTHER 15. MAIDEN NAME Elizabeth Schneider
 16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Switzerland

17. INFORMANT Oliver F. Roth
 (ADDRESS) St. Joseph, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Ashland Cemetery DATE 1/5/39

19. FUNERAL DIRECTOR (NAME) Walter Meistershagen
 (ADDRESS) 1302 Faron St., St. Joseph, Mo.

20. FILED 1-4 1939 J. J. Westphal
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1938, to Jan 3, 1939
 I last saw him alive on Jan 3, 1939. Death is said to have occurred on the date stated above, at 3:30a m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocardial Insufficiency Date of onset unknown

Other contributory causes of importance: 938

Name of operation None Date of 1/3/39
 What test confirmed diagnosis? Clinical 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 1/3/39, 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 1/3/39
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) Gustav Han, M. D.
 (Address) Kirkpatrick 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.

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STATEMENT BY LICENSED EMBALMER

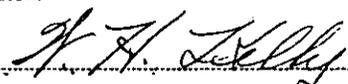
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Wilbur Kelly

or by

Registered Apprentice No....., working under my personal supervision.

Signed.....



Licensed Embalmer No. **Mo. 3946**

P. O. Address **St. Joseph, Missouri.**

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

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