

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

4626
Do not use this space.

REC'D MAR 13 1939

791
1003

1319

1. PLACE OF DEATH

(a) County Registration District No. 1
 (b) Township Primary Registration District No.
 (c) City St. Louis, (d) Street No. 3820 Iowa Ave. 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 George P. Roth

(a) Residence, No. 3820 Iowa Ave. St. 24 (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 1 6

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

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.

FATHER 13. NAME Gilbert Roth
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER 15. MAIDEN NAME Mary Dietz
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Mary Roth (ADDRESS) 3820 Iowa Ave.

18. BURIAL, CREMATION, OR REMOVAL New SS? Peter & Paul DATE Feb. 11, 1939

19. FUNERAL DIRECTOR (NAME) J. H. Hubken & Co. (ADDRESS) 2842 Meramec St.

20. FILED FEB 10 1939 J. P. Brudek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1939 to Feb 8, 1939

I last saw him alive on Feb 7, 1939 Death is said to have occurred on the date stated above, at 4:00 P.M.
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Other contributory causes of importance:
Chronic nephritis

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) Jos. L. Starnes, M. D.
 (Address) 24209 Old Hwy

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.

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, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120

2842 Meramec St.

P. O. Address St. Louis, Mo.

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.