

RECD MAR 16 1939

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

7707
Do not use this space.

1. PLACE OF DEATH: (a) County St. Louis (b) Township Beaumont (c) City St. Louis (d) Street No. 781 (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 CHARLES WALTER ROTH

(a) Residence, No. 1 (Usual place of abode, if no street address, write county or city) St. □ (If nonresident, give city or town and State)

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 CATHERINE BROWN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 28 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 42 10 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 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) (STATE OR COUNTRY) STE. GENEVIEVE, MO MISSOURI

13. NAME HENRY ROTH

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MINNITH MISSOURI

15. MAIDEN NAME JANE BOLAND

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) STE. GENEVIEVE, MO MISSOURI

17. INFORMANT Mrs. Catherine Rood (ADDRESS) St. Mary's Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Road cemetery DATE Feb 14 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. C. Basher St. Genevieve Mo

20. FILED 2/14 1939 John Thomas Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1938 to Feb 13 1939

I last saw him alive on Feb 13 1939. Death is said to have occurred on the date stated above, at 3:30 A.M.

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

Chronic Myocarditis

Date of onset 1936

Other contributory causes of importance: Hypopituitary Type

Name of operation _____ Date of _____

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 _____, 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) Arthur Stanton _____, M. D.

(Address) St. Genevieve Mo

N. B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIAN'S SIGNATURE 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, _____

Lee C. Basho

or by _____

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

Signed _____

Lee C. Basho

Licensed Embalmer No. *1985*

P. O. Address *St. Dennis, Va.*

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.