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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 16 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3721

Registration District No. 780 Primary Registration District No. 106 Registrar's No. 78

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis 2

(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 439 N. Geyer Rd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED: 0

(a) State Missouri (b) County St. Louis

(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No. 439 N. Geyer
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Herbert Roth 3A-1

3. (b) If veteran, name war World War

3. (c) Social Security No. ____

4. Sex Male

5. Color or race Wh

6. (a) Single, widowed, married, divorced Div

6. (b) Name of husband or wife Ethel Roth

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Feb 7th, 1900 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
39	11	4	____ hr. ____ min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business 0

FATHER
12. Name Fred Roth 7
13. Birthplace Switzerland 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Lager
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mary Jane Roth
(b) Address 439 N. Geyer Rd. Kirkwood,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-40 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Bethany Cemetery

18. (a) Signature of funeral director Louis H Bopp
(b) Address Kirkwood, Mo.

19. (a) JAN 12 1940 (Date received local registrar) (b) D. R. Meyer M. D. H. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day January 11
year 1940 hour 6 minute 30PM M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__;
that I last saw h____ alive on ____, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~xxxxxxxxxx~~	
Due to Suicide by automobile exhaust gas. (Carbon monoxide)	1/11/40
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 164	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence Jan 11, 1940
(c) Where did injury occur? Kirkwood, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
(e) While at work? no (f) Means of injury CO poisonin

707 23. Signature John [illegible] (M. D. or other) 5
Address Coroner of St. Louis County, Mo. Date signed 1/12/

(Licensed Embalmer's Statement on Reverse Side)

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 Louis H Boff, Registered Apprentice No. ..... working under my personal supervision.

Signed Louis H Boff

Licensed Embalmer No. 921

P. O. Address Kirkwood 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.