

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **16069**

Registration District No. **784**

Primary Registration District No. **700**

Registrar's No. **678**

1. PLACE OF DEATH:

- (a) County St. Louis
- (b) City or town Manchester  
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution: Manchester Nursing Home **3**  
(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)

8. (a) PRINT FULL NAME Louisa E. Roth **300**

3. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Fem. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Edward R. Roth 6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased April 27, 1860  
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Christ C. Weaver

{ 13. Birthplace U.S.A.  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Lorine Cox

{ 15. Birthplace U.S.A.  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert J. Ambruster

(b) Address 6633 Clayton at Concordia Road

17. (a) Burial (b) Date thereof April 8, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B. Bellefontaine Cem.

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton at Concordia Road

19. (a) APR - 6 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 1174 Waldron  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6  
year 1940 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from March 28  
1940 to April 6 1940  
that I last saw her alive on April 4 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of liver

Due to \_\_\_\_\_

Due to 46!

Other conditions: Arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

Duration \_\_\_\_\_  
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) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature R. J. Jensen (M. D. or other)

Address Manchester Mo Date signed April 6/40

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

*Janner*

**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 me

Robert J. Ambruster

, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Robert J. Ambruster*

Licensed Embalmer No. 1994

P. O. Address 6633 Clayton at Concordia

**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.**