

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Firmin Desloge Hospital
(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 John Joseph Roth 201
(b) If veteran, name war None
(c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elizabeth Nee Esser
6. (c) Age of husband or wife if alive Widowed 5 years

7. Birth date of deceased March 5 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 27
If less than one day hr. _____ min. _____

9. Birthplace St. Louis
(City, town, or county) (State or foreign country) 6

10. Usual occupation Merchant
6

11. Industry or business Tailoring
1

12. Name Gilbert Roth
13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mary Dietz
15. Birthplace Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant J. B. [Signature]
(b) Address 4705 PRAGUE AVE.

17. (a) Burial (b) Date thereof Mar. 6 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S. S. Peter & Paul

18. (a) Signature of funeral director W. H. Strick
(b) Address 2117 E. Grand

19. (a) MAY 9 1940 (b) J. B. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 2134a Allen
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1940 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from April 14
1940, to May 13 1940

that I last saw him alive on May 30 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic Carcinoma of the lungs
Duration 4/14/40

Due to _____

Due to _____

Other conditions Arteriosclerotic Heart Disease 1939
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Bronchogenic Carcinoma of the lungs
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 J. Brennan MD (M. D. or other) _____
Address 1529 N. Grand Blvd Date signed 5/4/40

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

MOTHER FATHER

Ret'd.

J. A. Brennan

Newfield Bldg.

Jeff 4335

4154 / 30 P.M. 4 30
4154

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 Frank A. Morris

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.