

No. 2
1-10-39
-17-39
X21492

FILED MAR 25 1941 791

State File No. _____
Registrar's No. _____

Registration District No. _____ Primary Registration District No. _____

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:
Park Lane 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Clayton
(If outside city or town limits write "RURAL")
(d) Street No. 7530 Carondelet
(If rural, give location) _____
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30
year 1941 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from
December 12, 1940 to Jan 30, 1941
that I last saw him alive on Jan 30, 1941
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Alouis Roth,

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Justine 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Jan 18 1884
(Month) (Day) (Year)

8. AGE: Years 57 Months - Days 12 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Postal Clerk

11. Industry or business _____

12. Name Jacob Roth

13. Birthplace Mascoutah Ills
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Ernst

15. Birthplace Ills.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Justine Roth

(b) Address 7535 Carondelet, Clayton, Mo

17. (a) Burial (b) Date thereof 2-2-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

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

19. (a) FEB 1 1941 (b) J. T. Brudick
(Date received local registrar) (Registrar's signature)

Immediate cause of death Broncho pneumonia
Due to Myocarditis
Due to Hypertension
Other conditions Atherosclerosis
(Include pregnancy within 3 months of death)

Duration
1 day
2 yrs.
many yrs.

Major findings:
Of operations 934 930
Of autopsy 930

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 5

23. Signature Alfred M. Langenbach (M. D. optional)
Address 5427 Southview Ave Date signed 2-1-41

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

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 John M Meyer
Licensed Embalmer No. 13288
P. O. Address Hickwood, 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.