

MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12946

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 3376

1. PLACE OF DEATH: 791
 (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:
3417 Humphrey St.
(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)

3. (a) PRINT FULLNAME LENA ROTH
 (b) If veteran, name war
 (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive 78 years
 7. Birth date of deceased May 21 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 10 26 hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name August Ehrhold
 13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Krebs
 15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Roth
 (b) Address 933 Fillmore St.

17. (a) Burial (b) Date thereof Apr. 19, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director J. H. Kubben Fair & Und. Co.

(b) Address 2842 Meramee St.

19. (a) APR 18 1941 (b) J. H. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000
 (a) State Missouri (b) County 171
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 933 Fillmore St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th
 year 1941 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from Nov. 14, 1940 to April 16, 1941;
 that I last saw her alive on April 15, 1941,
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis
 Duration 14 days

Due to arteriosclerosis 4 yrs

Due to

Other conditions glauc
(Include pregnancy within 3 months of death)

Major findings: glauc
 Of operations glauc
 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)

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) (e) Means of injury

23. Signature Stephen J. ... (M. D. or other)
 Address 1602 Grand St. St. Louis Date signed 4/17/41

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 Herman A. Gebken

Licensed Embalmer No. 2120

2842 Meramec St.

P. O. Address St. Louis, Missouri

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, fact should be so stated above.