

2
4-41,
7-39
X26390

Registration District No. 784

Primary Registration District No. 111

1. PLACE OF DEATH:

(a) County, St. Louis
(b) City or town, Richmond Heights Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-Week
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Helen Esther Roth

3. (b) If veteran, name war _____ 3. (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, Isadore Roth
6. (c) Age of husband or wife if alive, 43 years
7. Birth date of deceased, July 20th, 1896
(Month) (Day) (Year)

8. AGE: Years 44 Months 9 Days - If less than one day hr. min.

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

10. Usual occupation, Housework

11. Industry or business

MOTHER FATHER { 12. Name, Henry Heimberg
13. Birthplace, Mo
(City, town, or county) (State or foreign country)
14. Maiden name, Lena Sander
15. Birthplace, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant, In line Roth
(b) Address, 332 Central Pl. Kirkwood, Mo

17. (a) Burial (b) Date thereof, 4-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation, Lake Charles

18. (a) Signature of funeral director, Louis D. Bopp, Inc.

(b) Address, Kirkwood, Mo.

19. (a) APR 21 1941 (b) Registrar's signature, P. R. Meyer

2. USUAL RESIDENCE OF DECEASED:

(a) State, Mo (b) County, St. Louis
(c) City or town, Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No., 332 Central Pl.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1941 hour 11:30 P.M. minute M.

21. I hereby certify that I attended the deceased from April 13, 1941 to April 20, 1941;
that I last saw him alive on April 20, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death, Bronchial pneumonia

Due to myocardial failure

Due to Post-operative shock

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

Major findings: Of operations, cholelithiasis

Of autopsy

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, Paul E. Britledge (M. D. or other)

Address, Kirkwood, Mo. Date signed, 4-21-41

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. *3285*.....

P. O. Address *Wichmond, 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, fact should be so stated above.