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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No.

JUL 13 1942 791
 Registration District No.

Primary Registration District No. 1003

Registrar's No. 5594

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

1. PLACE OF DEATH:
 (a) County
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 25 Days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis (If outside city or town limits, write "RURAL")
 (d) Street No. 1224 Madison Ave. (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Baby Roth

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

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

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

7. Birth date of deceased June 4 1942
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>25</u>	hr. min.

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

10. Usual occupation Child.

11. Industry or business

12. Name Henry T. Roth.

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

14. Maiden name Margaret Carver

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

16. (a) Informant Henry T. Roth.
 (b) Address 1224 Madison Ave.

17. (a) Burial (b) Date thereof 6-30-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
 (b) Address 2223 St. Louis Ave.

19. (a) JUN 30 1942 (Date received local registrar) J. F. Budick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29, year 1942 hour 1:45 minute A. M.

21. I hereby certify that I attended the deceased from June 4 to June 29, 1942
 that I last saw h. er alive on June 29, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
unexplained diarrhea Duration 1 wk

Due to
 Due to
 Other conditions. 154
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations none performed
 Of autopsy none performed

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 0

23. Signature Geo. W. Salzman (M. D. or other) MD
 Address City Hospital Date signed 6-29-42

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..... *Walter L. Ponder*

Licensed Embalmer No. *3367*

P. O. Address..... *6323 St. Louis av*

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.