

S. No. 2
OM-5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26165

FILED AUG 25 1942 318

State File No.

1003

6995

Registration District No.

Primary Registration District No.

Registrar's 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: Jewish Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 990

(a) State Ohio (b) County Montgomery

(c) City or town Dayton 35
(If outside city or town limits, write "RURAL") NRO

(d) Street No. 1315 Bryant Mauer
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country..... 2

3. (a) PRINT FULL NAME Adolph Roth

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19
year 1942 hour 5:15 minute 0 M.

21. I hereby certify that I attended the deceased from May 8, 1942, to 8/19, 1942, that I last saw him alive on 8/18, 1942, and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Ethel 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased unknown
(Month) (Day) (Year)

Immediate cause of death Acute Pulmonary Edema Duration 1 day

Due to Arterio Sclerosis & Aneurysm 7 yrs

Due to 92

Other conditions (Include pregnancy within 3 months of death) 92

8. AGE: Years about 54 Months -- Days -- If less than one day hr. min.

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

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

10. Usual occupation Wall Paper & Paint

11. Industry or business Retail

MOTHER FATHER { 12. Name Harry Roth

13. Birthplace Russia 6
(City, town, or county) (State or foreign country)

14. Maiden name Rose not known

15. Birthplace Russia 6
(City, town, or county) (State or foreign country)

16. (a) Informant Sam Zellinger
(b) Address 7526 Delmar Blvd.

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?.....

17. (a) Burial Removal Date thereof 8-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dayton Ohio

18. (a) Signature of funeral director H. Rindskopf

(b) Address AUG 24 1942

While at work? (Specify type of place) (i) Means of injury.....

23. Signature Arthur E. Straub (M. D. or other) MD
Address 539 N. Grand Date signed 8/19/42

19. (a) (Date received local registrar) (b) J. F. Brudack
(Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

80

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 Chas W Cooper

Licensed Embalmer No. 5820

P. O. Address 5216 Delmar

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.