

**FILED FEB 2 1943**  
Registration District No. ....

Primary Registration District No. **1003**

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:  
**4939 Margaretta Ave.,**  
(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.....

(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No. **4939 Margaretta Ave.,**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **AUGUST 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 **widowed**

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

7. Birth date of deceased **October 31st 1874**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**68 3 23** hr. min.

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

10. Usual occupation **Painter**

11. Industry or business **City of St. Louis**

12. Name **Matthew Roth**

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

14. Maiden name **Carrie (unknown)**

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

16. (a) Informant **Mr. Harry Venzlaff**

(b) Address **4939 Margaretta Ave.,**

17. (a) **Burial** (b) Date thereof **1-27-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Sullivan Brothers**

(b) Address **2849 North Euclid**

19. (a) **25 1943** (Date received local registrar) **J. F. Bradick** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **24th**  
year **1943** hour **9** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **Jan 7, 1943**  
....., 19....., to **Jan 24,**....., 19**43;**

that I last saw h. im. alive on **Jan 24**....., 19**43;**  
and that death occurred on the date and hour stated above.

Immediate cause of death **pulmonary tuberculosis**  
Duration **1- Yr**

Due to.....

Due to.....

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

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy.....

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.....

23. Signature **J. F. Bradick** (M. D. or other).....  
Address **720 Metropolitan Bldg** Date signed **1/25/43**

Dr. Sol Cameron,  
Metropolitan Bldg.,  
Je. 4141 1-3 PM. today

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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.....

*J. G. Sullivan*

Licensed Embalmer No..... *1122*

P. O. Address..... *City*

**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.**