V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7699

State File No. 0

FILED MAR 11 1943

Registration District No. 1994

Primary Registration District No. 114

Registrar's No. 409

96
15
0

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Shrewsbury (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7716 Lansdowne / (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 Mo. (b) County St. Louis 96 15

(c) City or town Shrewsbury 0 (If outside city or town limits, write "RURAL")

(d) Street No. 7716 Lansdowne (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Roth, Frank W.

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

3. (c) Social Security No. NONE

4. Sex M.

5. Color or race Wh.

6. (a) Single, widowed, married, divorced M. /

6. (b) Name of husband or wife Barbara K. Roth

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Sept. (Month) 13, (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	5	3	..... hr. ..... min.

9. Birthplace Freburg (City, town, or county) Ohio / (State or foreign country)

10. Usual occupation Foreman (retired)

11. Industry or business Majestic Range Co.

FATHER
12. Name William V. Roth
13. Birthplace ..... (City, town, or county) Ohio / (State or foreign country)

MOTHER
14. Maiden name Not known
15. Birthplace ..... (City, town, or county) Ohio / (State or foreign country)

16. (a) Informant Mrs. Barbara Riordan (daughter)

(b) Address 7716 LANSDOWNE

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. (Month) 19 (Day) 43 (Year)

(c) Place: burial or cremation New Ss. Peter & Paul

18. (a) Signature of funeral director M. J. Croghan

(b) Address 7146 Manchester Ave.

19. (a) FEB 19 1943 (Date received local registrar) (b) C. G. McGarvan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16 year 1943 hour 1 minute 40 A. M.

21. I hereby certify that I attended the deceased from Dec 4, 1942 to Feb 16, 1943 that I last saw him alive on Feb. 15, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Bronchitis	5 dys
Cardio renal Disease	10 yrs
Chr Myocarditis	
Due to Bronchiectasis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

-131C

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature O. D. Seabaugh (M. D. or other) MD

Address 105 N. Lockwood Ave. Date signed 7-17-43

707

(Licensed Embalmer's Statement on Reverse Side) Webster Grove Mo

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.....

Licensed Embalmer No. 2971

P. O. Address.....

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.