

FILED JAN 12 1943 18

1003

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....St. Louis
 (b) City or town.....St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Enroute to City Hosp #1 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community.....
 years, months or days) (Specify whether

3. (a) PRINT FULL NAME Irene H. Roth3. (b) If veteran, name war.....None 3. (c) Social Security No.....None4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife John G. Roth 6. (c) Age of husband or wife if alive 51 years7. Birth date of deceased Aug. 23. 1892
(Month) (Day) (Year)8. AGE: Years 51 Months 4 Days 7 If less than one day
.....hr.min.9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

12. Name Frank A. Hibbeler
13. Birthplace Missouri
(City, town, or county) (State or foreign country)14. Maiden name Katherine Fischer15. Birthplace Missouri
(City, town, or county) (State or foreign country)16. (a) Informant John G. Roth(b) Address 4705 Prague Ave.17. (a) Burial (b) Date thereof 1/3/44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Peter & Paul18. (a) Signature of funeral director M. W. Wood(b) Address 2117 E. Grand Blvd.19. DEC 31 1943 (b) J. F. Brudach
(Date received local registrar) (Registrar's signature)

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. 4705 Prague Ave.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30
year 1943 hour 6 minute P. M.21. I hereby certify that I attended the deceased from
May 7, 1943, to Dec. 17, 1943
that I last saw her alive on Dec. 22, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Thrombosis Duration ?

Due to.....

Due to.....

Other conditions Hypertension
(Include pregnancy within 3 months of death)Major findings:
Of operations.....

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 Ray J. Ochert (M. D. or other) 12-30-43
Address 4227 E. Grand Blvd Date signed

1560 08

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. 3041
P. O. Address 2117 E. Grand

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.