V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 915

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 174

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:
544 Hurck St. /
(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 Ste. Genevieve
(c) City or town Ste. Genevieve
(If outside city or town limits, write "RURAL")
(d) Street No. N.R.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Mary Ann Roth

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John Roth

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

7. Birth date of deceased January (Month) 1 (Day) 1855 (Year)

8. AGE:

Years	Months	Days	If less than one day
89	0	4	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Albright
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Mr. Roth
(b) Address Springfield, Illinois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-44 (Month) (Day) (Year)
(c) Place: burial or cremation Ste. Genevieve, Mo.

18. (a) Signature of funeral director Albert H. Hoppe, Inc.
(b) Address 4700 Washington Blvd.

19. (a) JAN 7 1944 (Date [illegible] local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5
year 1944 hour 8:30 minute A M.

21. I hereby certify that I attended the deceased from May 25, 1941, to Jan 5, 1944
that I last saw her alive on Jan 4, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	3 yrs
Due to Arteriosclerosis	10 yrs
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 Ray C. Huppes (M. D. or other) MHL
Address 7702 Ivory Ave Date signed 1/5/44

(Licensed Embalmer's Statement on Reverse Side)

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 John Ogonoski

Licensed Embalmer No. 3398

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.