

FILED MAY 29 1944

Registration District No. 311

Primary Registration District No. 3063

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town University City Clayton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Enroute to St. Louis County Hosp. DOA
(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 St. Louis
 (c) City or town University City
(If outside city or town limits, write "RURAL")
 (d) Street No. 7061 Waterman 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 May day 17th,
 year 1944 hour 9 minute A.M.
 21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
 that I last saw h..... alive on....., 19.....;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration
 Due to Arteriosclerosis
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy.....
 PHYSICIAN

 Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME HARRY A. ROTH.
 3. (b) If veteran, name war World War 1. 3. (c) Social Security No. None.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased May 13, 1894.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50.</u>	<u>0.</u>	<u>4.</u> hr. min.

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

10. Usual occupation Fireman (House #1.)

11. Industry or business University City, Mo.,

MOTHER FATHER { 12. Name Gottlieb Roth.
 13. Birthplace Unknown Switzerland,
(City, town, or county) (State or foreign country)
 14. Maiden name Magdalena Legler.
 15. Birthplace Creve Coeur, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Lena Roth.
 (b) Address 7061 Waterman Ave.

17. (a) Burial (b) Date thereof 5/20/44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bethany Cemetery.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address #7233 Delmar Blvd.

19. (a) MAY 19 1944 (b) E. G. MacGowan, M.D.
(Date received local registrar) (Registrar's signature)

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. W. ... (M. D. or other) ...
 Address ... Date signed ...

REC'D - 2 1945

JUL 19 1944

JUL 29 1944

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

Clarence H. Murray

Licensed Embalmer No.

4011

P. O. Address

St. Louis, Mo

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.