6. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15149

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3989

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:
5448 Ruskin Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 7 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5448 Ruskin Avenue 9
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME IDA G. 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 Married /

6. (b) Name of husband or wife DAVID ROTH

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased April 11, 1865 (Month) (Day) (Year)

8. AGE: Years 81 Months 0 Days 19 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Charles Gruenewald
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Not Known
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant David Roth
(b) Address 5448 Ruskin Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/46 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 East Fair Avenue

19. (a) MAY 2 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1946 hour 9 minute 0 P. M.

21. I hereby certify that I attended the deceased from July 1, 1936, to Apr 30 1946 that I last saw h. alive on Apr 30 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Cardiac dilation	6 days
Due to Chronic Complete	2/1/36
Due to Chronic Myocarditis	2/1/36
Other conditions (Include pregnancy within 3 months of death)	None

Major findings:
Of operations No operation
Of autopsy No 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 W. Lin T. Ketrichi (M. D. or other) M.D.
Address 3500 N Grand Date signed 5/2/46
St Louis Mo

(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 William G. Buchholz

Licensed Embalmer No. 2110

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.