

S. No. 2  
M-5143  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
U. S. GOVERNMENT PRINTING OFFICE: 1937  
STANDARD CERTIFICATE OF DEATH

18102

State File No. \_\_\_\_\_

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1144

1. PLACE OF DEATH: St. Louis

(a) County St. Louis

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

(c) Name of hospital or institution:  
Meramec Bottoms Road & Hawkins Rd. /  
(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 96

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

(d) Street No. Rt. 8 Box 500 Hawkins Rd. 0  
(If rural, give location) no 0

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry Roth

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 3 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76	4	20	hr. min.
----	---	----	----------

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

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER {

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Joseph Hagen

(b) Address Rt. 8 Box 500 Lemay 23, Mo.

17. (a) Burial (b) Date thereof May 27, 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Johns Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S/Broadway St. Louis, Mo.

19. (a) 5-27-46 (b) Ed M. Garand  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24  
year 1946 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 9, 1946, to May 24, 1946  
that I last saw him alive on May 24, 1946,  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic endocarditis 92-2  
Duration ?

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: 1 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? \_\_\_\_\_ (z) Means of injury \_\_\_\_\_

23. Signature Waldon Hill (M. D. or \_\_\_\_\_)  
Address Lemay R 8 (23) Mo Date signed May 25/46

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

---

---

**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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P.O. Address 7814 S. Broadway

**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.**