

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6738

State File No. ....

FILED MAR 5 1952

1549

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>520 Rosedale Avenue</b>		d. STREET ADDRESS (If rural, give location) <b>520 Rosedale Avenue</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>PHILIP</b>	b. (Middle)	c. (Last) <b>ROTH</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 18, 1952</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 6, 1860</b>	9. AGE (In years last birthday) <b>92</b>	if UNDER 1 YEAR <b>12</b>	if UNDER 24 HRS. <b>0</b>	if UNDER 1 MIN. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Merchant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Clothing</b>	11. BIRTHPLACE (State or foreign country) <b>Austria</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Moritz Roth</b>	13b. MOTHER'S MAIDEN NAME <b>Caroline Ashner</b>	14. NAME OF HUSBAND OR WIFE <b>Flora Stampfer Roth</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Norman S. Roth-5216 Delmar Blvd.</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary sclerosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio Sclerotic Cardio/vascular</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>bronchopneumonia</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>H2O</b>
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22. I hereby certify that I attended the deceased from **Dec 5, 1951**, to **Feb 18, 1952**, that I last saw the deceased alive on **Feb 18, 1952**, and that death occurred at **3:00 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Date or Title) <b>Thomas H. Best M.D.</b>	23b. ADDRESS <b>408 Humboldt</b>	23c. DATE SIGNED <b>18 Feb 52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>2/20/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Sinai Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mol.</b>
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DATE REC'D BY LOCAL REG. <b>FEB 18 1952</b>	REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Norman S. Roth</b>	ADDRESS <b>5216 - Delmar</b>
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WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Peter B. Dubroscillat*

Licensed Embalmer No. *3691*

P. O. Address *Richmond Heights, 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.